VS. A15

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11773 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
Carrie 10	med	B 11
COUNTY ( MARYLAND MARYLAND	STATE // COUN	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL at	nd give nearest town)
Town Continuedly	TOWN Of uniquelli-	X
HOSPITAL OR	STREET (If rural give location	)
INSTITUTION OR STREET ADDRESS	ADDRESS	
00		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	(Year)
DECEASED: (Type or Print)	clesson DEATH: Dec. 31	1955
5. SEX:   S. ZOLOR OR   7. SINGLE, MARRIED.   8. DATE	OF BIRTH:   9. AGE last birthday:   If UNOER 1 Y	
WIDOWED, DIVORCED, (Specify): 3-2.		ays Hours   Min.
10a. USUAL OCCUPATION Give kind of   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
work done during most of working life, even if retired):	The	COUNTRY?
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	7.0.11.
A A A A A A A A A A A A A A A A A A A	14. MOTHER'S MAIDEN NAME:	
John anderson	Marika Augan	
15 Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: 17.	INFORMANT & ADDRESS:	
(Yes, h6, or unk.) (If Yes, give war or dates of Junk-	wille Johnson. Alykiwille	, md.
18. MEDICAL CERTIFICATION	ON /	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
443× od. 1. 1.		
Immediate cause (a) Worth salarie &	mountains ourse	204400
Antecedent causes (s)	1.1. 1.1	
Diseases or conditions, if any,	: endertento abletirano test.	
giving rise to the above cause stating the underlying cause last.		
Ch muss l.	his: - 131/	8 6
11. OTHER SIGNIFICANT CONDITIONS	, Sanitry	
Conditions contributing to the death but not		
related to the disease or condition causing death.		1 as Avenopare
192. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No W
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE SUICIDE HOMICIDE SUICIDE SUIC	(CITY OR TOWN) (COUNTY) (S	STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work  At Work		
	210-	
	,19, to 3/Dec, 19.55, that I last	
alive on 30 Dec, 1953 and that death occurred at /2	125 P.M., from the causes and on the date	stated above.
SIGNATURE (Degree or title)	ADDRESS	TE SIGNED
The most mid. I'm	6. to 18d 1800 hr 1212	1155
23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETER	Y OR CREMATORY   LOCATION (City, town, of co-	(State)
REMOVAL, (Specify) 1-3-156	of herita Pa	usel and
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR	1 Stee 1/ Yland of	No med
Hay will all the control of the control of	augus 44. Augus - Algalisa	au, / me.
V		

BUREAU V. S.

DECEIVED 1956

1. PLACE OF DEATH COUNTY

INJURY

23. BURIAL, CREMATION REMOVAL (Specify)

DATE REC'D BY LOCAL

OR give nearest town)

### 11774

22. I hereby certify that I attended the deceased from

CITY (If outside corporate limits, write RURAL and

### CERTIFICATE OF DEATH

OR TOWN

MARYLAND LENGTH OF STAY

(in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED-STATE

CITY (If outside corporate limits, write RURAL and give nearest town)

Reg. Dist. No. 33

INSTITUTION OR STREET ADDRESS SEEN Pass Ha	ADDRESS Sees	) fac
3. NAME OF (First) (Middle) DECEASED (Type or Print) LEF MITTORA	BAILEV	4. DA OF DE
5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	Merch 17 1893	9. AGE
10a. USUAL OCCUPATION (Give kind of work done during most of working fife, even if retired)  INDUSTRY	11. BIRTHPLACE (State	or foreign
alusten & incoln Bailey	14. MOTHER'S MAIDE	NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no or unknown) (If year, give war or dates of service) 76-05-3167	17, INFORMANT AND	ADDRE
Immediate cause (a) Carcura Antecedent cause(s)	liver	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  NJURY	(CITY OR	TOWN)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?

At work

NAME OF CEMETERY

pural, gireflocation (Month) (Day) (Year) st hirthday | If under. 1 year | If under 24 hr | Months. | Days | Hours | Min untry) 12. CITIZEN OF WHAT INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? Yes [] (COUNTY) (STATE) HOW DID INJURY OCCUR? 1955, to Nec. 2, 1955, that I last saw the deceased LOCATION (City, town, or county) 24. FUNERAL DIRECTOR ADDRESS



BUREAU V. S.

TOTAL STATE OF THE STATE OF THE

DEC 6 1955

BECEINED

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IONS

The bottom copy may be retained by the hospital or attending physician. HYSICIAN OR HOSPITAL:

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. 24 hours after death. The law requires that the death certificate be executed within

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 11775

11767

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1	-				

Reg. Dist. No.

A CONTRACTOR OF THE CONTRACTOR	the same of the sa	the second secon	
1. PLACE OF DEATH	2. USUAL RESIDE	CE (HOME) OF DECEAS	SED
COUNTY Carroll MARYLAND	STATE Md.	COUNTY	
CITY (Il outside corporete limits, write RURAL   LENGTH OF STAY		orete limits, write RURAL and give	neerest town)
OR end give neerest town) (in this place)	OR TOWN Deaths		21/
Sykesville since 7-25-52	Dalulm	ore City	5V01.4
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rurel give location	in)
STREET ADDRESS Springfield State Hosp.	523 S	. Kenwood Ave	V
3. NAME OF (First) (Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) Anna Marrie	Baldwin	DEATH Dec.	25 1955
	TE OF BIRTH		DER 1 YEAR LIF UNDER 24 HRS.
RACE WIDOWED, DIVORCED,	TE OF BIRTH	Month	
fem. white (Specify) mar.	12-1890	65 yrs.	
10e USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even it of the INDUSTRY ME,	36		
done during most of working life eyen it A I HOME,  13. FATHER'S NAME	Maryland	NAME	U.S.A.
19. PATTER S INDIVE	14. MOTHER 3 MAIDER	NAME.	
James Ross	Floren	ce Bishop	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.			
(Yes, no, or unk.) (Il Yes, give wer or detes of service)		Constantiana Ch	aha II
10 MEDICAL	PERTIFICATION	Springfield St	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION		ONSET AND DEATH
02114			
334 X IMMEDIATE CAUSE (A) Chronic brain sy			
ANTECEDENT CAUSE(S) DUE TO circulatory dist	turbance, cerebr	al arterioscler	osis
DISEASES OR CONDITIONS, IF ANY, (B) WITH DSYCHOLIC	reaction		more than
STATING UNDERLYING CAUSE LAST.	0000110111		
265 X (C)			10 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH. diabetes			3 yrs
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
1/			YES NO A
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCU	R? (City or town) (C	county) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	211. HOW DID INJURY OCCU	R?	
M. et work et work	]		
22. I hereby certify that I attended the deceased fromJuly2	25, 19.52, to.Dec	◆25, 1955, tha	t I last saw the deceased
alive on Dec. 25, 1955, and that death occurred	at8.:1.7.P.M, from the	causes and on the date st	ated above.
SIGNATURE MA A NOW LAND M	ADD	RESS (Street, city, town, stele)	DATE SIGNED
Mantin Groce M.D.	Cardon and 7	a a Wa	Dec. 26. 1955
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	OR CREMATORY	TECATION (City, town, or cou	inty) (State)
REMOVAL (SPECIFY)			D A
	OWN CEM.	17225 EASTE	RN DLVD. M
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S		ADDRESS
DATE 271955 C. Harry Meers	Charles	Teller BALT	0 NKLING 5T

MARYLAND STATE DEPARTMENT OF HEALTH-SALTINGEL IS

## CERTIFICATE OF DEATH

Reg. 2000 2008

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## BUREAU V. S.

DEC 88 1952



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PLACE OF DEATH

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2. USUAL RESIDENCE (HOME) OF DECEASED

## 11767 CERTIFICATE OF DEATH

12555

Reg. Dist. No. 76

COUNTY CARROLL MARYLAND	STATE MD. COUNTY GARROLL
CITY (If outside corporete limits, write RURAL   LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give neerest town)
OR end give neerest town)  OR TOWN WEST MINISTER  (in this place)  13 x R S.	OR TOWN 14/55 TO 10/5 TO 10
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR 165 E. GREEN	ADDRESS 11 1 5 C 2 2
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dev) (Year)
DECEASED	OF
103ER11 11E1113	BANGE DEATH DEC. 31 1955
RACE WIDOWED, DIVORCED.	BIRTH 9. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MYMPHED OCT.	21-10     yrs.
done during most of working life area if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Raired FARMER	MD. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SIMON DANGE	MOTIFNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 1658 FIREM
(Yes, no. or unk.) (If Yes, give wer or detes of service) 219-03-750	DAISY BANGE + 1 1 Junior To my
18. MEDICAL CERT	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
442 X IMMEDIATE CAUSE (A) Cardio Cus	eules Renal Resout 1955
ANTECEDENT CAUSE(S) DUE TO	en die 10 see ent
DISEASES OR CONDITIONS, IF ANY, (B)	author de generalier
STATING UNDERLYING CAUSE LAST, DUE TO	Salval & hill Sentral
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	16 16 4 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Transpielling - 1 20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, 1 2)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Siete)
216. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR?" (City or town) (County) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED While Not while	III. HOW DID INJURY OCCUR?
M. al work et work	
22. I hereby certify that I attended the deceased from	19.34 to Mec. 31 , 19.55 , that I last saw the deceased
	11.45P.M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, state) / DATE SIGNED
When I stack In. D.	Westherette Nd 1/2/56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, town, or county) (State)
DURIAL VANTI-195% DEFRIA	RIY ( EM. KEISTERSTAWN 17D
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 1-6-56 Hamiet Miller &	113 amears Son Westminston med.

## CERTIFICATE OF DEATH

3221 6 NAU DECEIM

OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

A15 - 10 - 53

VS.

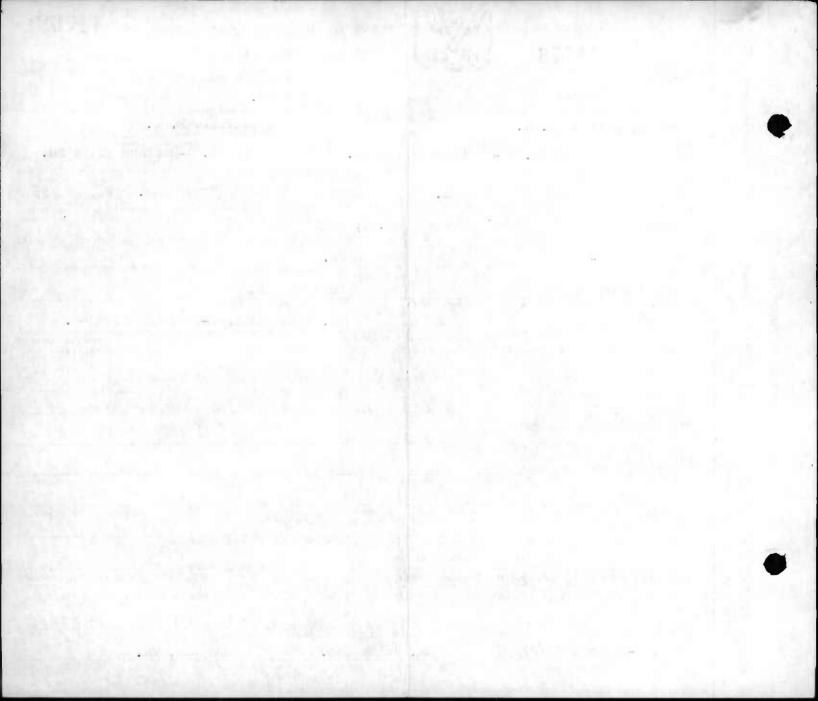
Supply every item of information

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11768

11776 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Carroll MARYLAND	STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town
OR and give nearest town (in this place)	or Town Sykesville P. O.
	Constitution of the state of th
HOSPITAL OR INSTITUTION OR ROute No. 1 - Oakland Mills Ro	d. STREET ADDRESS Route No. 1-Oakland Mills Rd.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
12370 of 1 times	RNEY Dec. 27, 1955
female   6. COLOR OR   7. SINGLE. MARRIED.   8. DATE   7. WIDOWED, DIVORCED,   8. Nov. 7	9. AGE last birthday   If UNDER 1 YEAR   If UNDER 24 HRS.   Hours   Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Sanders	Rebecca Todd
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates none	Mrs. Ruth Gisburne-Oakland Mills Rd.
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
11.11.3 X	
IMMEDIATE CAUSE (A) CAMO-	- Vaccular Nislace
DUE TO	
ANTECEDENT CAUSE (8)	Alexander Albertan Land
GIVING RISE TO THE ABOVE CAUSE	correct Agreements
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N.
DATE OF OF ENAMEN.	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY While M. While at work at work	
22. I hereby certify that I attended the deceased from 12/	24, 1905, to 12/12, 1955, that I last saw the deceased
alive on 2/26 / 5 2, 19 , and that death occurred at	ADDRESS DATE SIGNED
Martin. M	. D. Kayed alla lowers, may 12/22/52
	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
Burial-removal 12/27/55 St. Johns	Gem. Hampton Va.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS MIN



### MARYLAND STATE DEPARTMENT OF HEALTH

11777

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

70 g. Dist. No. 80

FOR MEDICAL	L EXAMINERS	Reg. Dist. 1	No. 80
1. PLACE OF DEATH- COUNTY CARROLL MARYLAND  CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN RURAL (In this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (I STATE MARY CITY (If outside corpora OR TOWN TANE Y STREET ADDRESS	te limits, write RURAL and g	CARROLL
3. NAME OF DECEASED (First) (Middle) DECEASED (Type or Print)  6. COLOR OR RACE (Specify)  WIDOWED, DIVORCED, (Specify)  10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or	(Last)  5R 4/5N  8. DATE OF BIRTH  MAY 15-1932  11. BIRTHPLACE (State o	4. DATE (Month) OF DEATH DEC  9. AGE last birthday If under Month Toreign country)	
13. FATHER'S NAME  15. WAS DECRASED EVER IN U.S. ARMED FORCEST  (Yea, no, or unknown) (If yea, give war or dates of 220-28-7968	MARYLAI  14. MOTHER'S MAIDEN  HELEN GI  17. INFORMANT  HELEN MOSE	NAME PIMES	ORO RURA
I. DISEASES OR CONDITIONS DIRECTLY FEADING TO DEATH  Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATE MULLIUM
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING OF Office by big., etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) (INJURY) OCCURRED OF OF Office by big., etc.) (INJURY) OCCURRED While at Nort while work at work	HOW DID INJURY OCH	ion Correce	- The
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that soid decerning from: notural causes , occident , suicide , homicide , homicide , signature , which is the following the same of the same states o	used died on the day state undetermined []. ADDRESS	Inquiry Thereon and dahove, and death in my	DATE SIGNED
REMOVAL (Specify)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG	24. FUNERAL DIRECTO	Woodstoro	ADDRESS ADDRESS

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OBVERNYED SEC 19 1955
SEC 19 1955
SUMERU V. S.

HYSICIAN OR HOSPITAL

TO ATTENDING

11770

### CERTIFICATE OF DEATH

Item 2. Film 191 1-23-56 et		/	R	eg. Dist. No	
1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF D	ECEASED	
COUNTY CARRALL CO.	MARYLAND	STATE Mainly	county/	Jerroll	
CITY (If outside corporate limits, write RURAL OR and give neerest town)	LENGTH OF STAY	CITY (if outside corporal	te limits, write RURAL e	nd give nearest town	
27 TOWN MISTERIES Van	Willes Els.	TOWN WYSTER	exection	" Hold	27
HOSPITAL OR INSTITUTION OR	100	STREET Pennsylv	ania Wyelfi	(e focation)	1 4
O STREET ADDRESS CEMEN SI	Hey minguestes	me ( Prisk)	St 1/1404X11	Kensaiff	MALL!
3. NAME OF (first) DECEASED	(Middle)	(Lest)	4. DATE (Mon	nth) (Day)	(Year)
(Typa or Print)	JANE BI	HUST	DEATH &	le 14	1955
	ARRIED, B. DATE	OF BIRTH 9.	AGE last birthdey	Months   Deys	Hours   Min.
4, While (Specify)	Tenord Mar	Ch 19,1861	88 yrs.		
/ done during most of working life, even if	OR INDUSTRY	11. BIRTHPLACE (State of foreign	country)	12. CITIZE	N OF WHAT
vetired)	1	Carrollo-1	ma.	111.	1-9
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IME !		
Warred H. Wareles	Rul	Sarah 1	eake		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no. or unk.) (If Yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS	. /	1 . 1 -
		Homes In	INGRELICE	ace Mes	Musher
DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH,	RTIFICATION			RVAL BETWEEN SET AND DEATH
33/X IMMEDIATE CAUSE (A)	erelega	al Kemar	chage.	112	-11-55
ANTECEDENT CAUSE(S) DUE TO	1000	1 204	-, 10	, Sa	rend
DISEASES OR CONDITIONS, IF ANY, (B)	geneus	eon + unes	roselle	sees 4	'NO
STATING UNDERLYING CAUSE LAST, DUE TO	Melaule	1 Hend 10.	101.00	Sa	ulial
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 co co co ca	V/ ac rees	e une	9	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION 19b. MAJOR FINDIN	NGS OF OPERATION				AUTOPSY?
21a, ACCIDENT WAS UNDERLYING   21b, PLACE (	Home, farm, factory,	21c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(State)
	eet, office bldg., etc.)		(Cir) or rowing	(654)	(5.0.0)
	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?		1-1-1-1	
	at work at work				
22. I hereby certify that I attended the d	eceased from 12-11-	53, 1955, tolle	= 19,1953	, that I last say	w the deceased
	and that death occurred a	5 /JJM, from the cau	uses and on the d	date stated abov	е.
BIGNATURE	. 0 -	ADDRE	SS (Street, city, tow	//	DATE SIGNED
Men File	cher M.D.		LOGATION (C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20-1955
23. BUBAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR	A On	LOCATION (City, town	n, or county)	(State)
Marene Mec. 20	SI WATHING	Uly Char	MAIHM	de Mi	4
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT	+ 10 PP	25 FUNERAL DIRECTOR'S SIG	GNATURE	ADDRESS	1 21
DATE 12-21-175+ Home	V Villey	X V Marles	111 110	ElBursl	er Ma.

ALCYCLAR STATE DEPARTMENT OF HEALTH BALLINGLE, IS

## CERTIFICATE OF DEATH

TOUR DELL NO.

BECEINED

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Section and Report Visit of the Conference				
			AND THE RESERVE	
	The Later Trees			
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THE RESERVE OF THE PARTY OF THE				
The second of the second of the second of	REVISED STORES OF			
AND THE RESERVE OF THE PARTY OF	MONTH OF THE			BANKS BULL B
HITO'S A LINE TO THE REAL PROPERTY.	Mari - Mari	DES SECURE OF THE		A below to the second by
			The state of the s	
Mark Called Street Street Market Street				
MI 'A OWNER				
S A HVRGHA	No. of Charles			Stylling yours CAL
merce band and advisor too taken				ALCOHOLOGIC CONTRACTOR
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 11778 CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF D	ECEASED		
COUNTY Carroll	MARYL		STATE Maryla		Mont	gomery	-
CITY (II outside corporate limits, write RURAL OR end give nearest town).  TOWN RURAL - Sykesvil	LENGTH OF (in this plo	8-8-55	OP	orete limits, write RURAL o	ind give neare	15,	X - 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield	State Hospit	al	STREET ADDRESS Rura		ive location)		
3. NAME OF (First) DECEASED (Type or Print) Windsor	(Middle)	BEA	ast)	4. DATE (Mo		(Dey) th	(Yeer) 19 55
5. SEX 6. COLOR OR 7. SIN NATE WHITE (SI	NGLE, MARRIED, IDOWED, DIVORCED, Decify) WICOWOY	8. DATE OF B		9. AGE lest birthdey 72 yrs.	Months		NDER 24 H
10e. USUAL OCCUPATION (Give kind of work done during most of working, life, even if retired)  10e. USUAL OCCUPATION (Give kind of work done during most of working) life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Carpentry		BIRTHPLACE (State or fore Monrovia, Man	ryland	12. Un	CITIZEN OF COUNTRY? ited S	tates
13. FATHER'S NAME			14. MOTHER'S MAIDEN			11300	
Caleb A. Beall			Margaret L.		-		
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unk.) (If Yes, give wer or deles of se	rylce)	MIT NO.	17. INFORMANT & Records of	Springfiel	d Stat	e Hosp	ital
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	ICAL CERTI				INTERVAL	
450.0 IMMEDIATE CAUSE (A)	Bronchopneum	onia				3-4	days
ANTECEDENT CAUSE(S) DUE TO						more .	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	General ized	arterlos	clerosis			To ye	ars
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	G Chronic bra isturbance, w	in syndr	ome assoc. W	ith circula	tory	more	
DISEASE OR CONDITION CAUSING DEATH,  19e. DATE OF OPERATION  19b. MAJO	R FINDINGS OF OPERATION	psychot	ic reaction.	002010020	2.011	20. AU YES [	
216. ACCIDENT WAS UNDERLYING 216. OR CONTRIBUTING CAUSE OF DEATH OF IN. (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, ferm, fectory, JURY street, office bldg., etc.)		WHERE DID INJURY OCCU	IR? (City or town)	(County	y) (	(State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (		while	HOW DID INJURY OCCU	IR?			
22. I hereby certify that I attended alive on Dec. 13 1955	the deceased from S		:50PM, from the		date stated	above.	e decea:
SIGNATURE //	N	4.0	Sykesy	rille. Marvl	and	12-13-	55
23. BURIAL, CREMATION, DATE THERE		M.D.		rille, Maryl		12-13-	Stere
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DF NAME OF C	EMETERY OR CRI		LOCATION (City, tow	vn, or county)		(Stet

ALEROMITIAN STATE DEPARTMENT OF MAITH-BASTIMORE, IN

## CERTIFICATE OF DEATH

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Dec.18,1955

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 11779 CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY CASALL MARYLAND	STATE Mary Coulcounty Carroll
CITY (If outside corporete limits, write RURAL)   LENGTH OF STAY	CITY (Il outside comorete flmits, write RURAL end give neerest town)
OR end give necrest town! (in this place) TOWN Menchestre neck with	TOWN Rul, marchester med x
HOSPITAL OR INSTITUTION OR MANGELLE Westmister Rd	STREET (If rurel give location) ADDRESS Westernesster Rd
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print) Leagle Pelle	Bifle DEATH LLC 19 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Lucaucus Jan	F BIRTH  9. AGE lest birthday  IF UNDER 1 YEAR  Wonths Days Hours Min.
	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
retired) Laborer. Leveral	maryland M.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or dates of service)	Earl West, Westmuster mi # =
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
1/22 I IMMEDIATE CAUSE (A) Christie	myreus ditia
ANTECEDENT CAUSE(S) DUE TO	of Oliver op is
DISEASES OR CONDITIONS, IF ANY, (B)	who Carles Voscular Disage:
STATING UNDERLYING CAUSE LAST. DUE TO	
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19e. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0 -	YES NO Z
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (Stote)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while M, et work et werk	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 1	19 48, to Lece 19 19 5, that I last saw the deceased
alive on flee 15	11. A.M., from the causes and on the date stated above.
SIGNATURE A SIGNATURE	ADDRESS (Straet, city, town, stata)  DATE SIGNED
23. BURTAL, CREMATION, DANG THEREOF A NAME OF EXPRETERY OR	CRIMATORY   DOCATION (CITY, 10Wn, or county) (State)
Buch 12/22/55 Before	O Ganchester 3ch
21. REGOS BY REGISTRAN REGISTRAN'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDIESS
DATE POLICIAI - 53 MINO. W. J. DOMMOO	The miner well your for

SANTELAND STATE DEPARTMENT OF HEALTH-BATTMORE IN

## URIS CERTIFICATE OF DEATH

TO THE DRIVE SHEET

DEC 88 1952



VS A15C 1-55 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11773

Reg. Dist. No.

#### CERTIFICATE OF DEATH 730

COUNTY Carroll  MARYLAND  STATE Maryland  COUNTY  CITY (If outside corporate limits, write RURAL OR and give aperest town)  Town Hural - Sykesville  HOSPITAL OR INSTITUTION OR STREET ADDRESS  STREET ADDRESS  Pringfield State Hospital  STREET ADDRESS  STREET ADDRESS  PROPER STREET ADDRESS  PROPER STREET ADDRESS  PROPER STREET ADDRESS  MAME OF DECEASED (First)  Type or Print)  Felicia  MARYLAND  STATE Maryland  COUNTY  CITY (If outside corporate limits, write RURAL end give neerest town)  OR  TOWN Baltimore  STREET ADDRESS  3316 Harmony Court  4. DATE (Month) (Day) (Year)  OF DECEASED OF DEATH 12 4 19 55  SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH  9. AGE last birihday   IF UNDER 1 YEAR   IF UNDER 24 HE	1, PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECE	EASED
CITY (If outside copporate limits, write RURAL and give necessal town)  ON TOWN RUTTAL - Sylkesville  This pieces  ON Mos. 26 days  ON Mos. 26 days  ON Mos. 26 days  ON Baltimore  3/0/,  SIRETA ROBERS  STRETA ROBERS	C mall		Maryland	COLINER	
OK and give general toryal.  OK and give general toryal.  OK STATE OK STATUDE	200111				iva naerast town)
STREY ADDRESS Springfield State Hospital  3. NAME OF DECEASED (First) DECEASED (Type or Print) Policia  5. SEX 6. COLOR 7. SINGLE, MARRED, (WIDOWED, DIVORCE) F WACE OR 7. SINGLE, MARRED, OF WIND WARRED, (WIDOWED, WIDOWED, MARRED,			OR		3401,4
3. NAME OF DECEASED (First) (Modele) (M	ALIETTITION OF			(If rural give lo	cation)
S. SEX   G. COLOR OR   T. SINGLE, MARRIED   S. DATE OF BEATH   12   1955	5 STREET ADDRESS Springfield State 1	Hospital	3316	Harmony Cour	t
County   C	3. NAME OF (First) (A		(Last)		(Day) (Year)
5. SEK 6. COLOR OR PRACE 7. SINGLE, MARKED, WIDOWED, DIVORCED, ISPACING VIDOWED, DIVORCED, ISPACE 8. DATE OF BIRTH 9. AGE last birthday 1. If UNDER 17 HAR IF UNDER 24 HF 100. WIDOWED, DIVORCED, 1. Specify) WIDOWED, DIVORCED, 1. Specify) WIDOWED, DIVORCED, 1. Specify) WIDOWED, DIVORCED, 1. Specify) WIDOWED, DIVORCED, 1. Specify WIDOWED, 1. Specify WIDOWED	(Type or Print) Felicia		BOONE		2 4 10 55
10c. USUAL OCCUPATION (Give kind of work and one during most of working life, even if relied)   10b. KIND OF BUSINESS   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT country alien   12. CITIZEN OF WHAT relied)   10 no   12. CITIZEN OF WHAT relied)   10 no   12. CITIZEN OF WHAT country   12. CITIZEN OF WHAT country   13. FATHER'S NAME   14. MOTHER'S MADEN NAME   14. MOTHER'S MADEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Meyano, or or unk)   (If yes, alve war or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANI & ADDRESS   16. SOCIAL SECURITY NO.   17. INFORMANI & ADDRESS   16. SOCIAL SECURITY NO.   17. INFORMANI & ADDRESS   18. MEDICAL CERTIFICATION	5. SEX   6. COLOR OR   7. SINGLE, MARRIEI	), 8. DATE OF	F BIRTH   9	. AGE last birthday   IF	
done during most of working life, even if relied   OR INDUSTRY      Cuba   COUNTRY	RACE WIDOWED, DIVO	PCFD	7/88		onths Deys Hours Min.
Table   Tabl			11. BIRTHPLACE (State or foreig	in country)	
Is. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   17. INFORMANT & I		NOSTRI	Cuba		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or datas of service)  16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Record, Springfield State Hospital  17. INFORMANT & ADDRESS Record, Springfield State Hospital  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  10. MEDICAL CERT	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  Record, Springfield State Hospital  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  10. INTERVAL BETWEEN  10. ONSET AND DEET  10.	Phillip			Ella	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE TOOL ON THE TOOL ON THE DEATH DISEASE WITH DISEASE OR COUNTRIBUTING TO THE TOOL ON TH	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16.	SOCIAL SECURITY NO.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH    A			Posend Sn	minarial de la	A. W.a.than
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  260 JIMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY,  (B)  DIABOTES MODIFICIAL MANUAL MAN	110	18 MEDICAL CER		Tugite to Sta	
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE (S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  DIABETERY CAUSE ANY, (B)  DIABETERY CAUSE ANY, (B)  DIABETERY CAUSE CAUSE STATING UNDERLYING CAUSE LAST DUE TO  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITION CAUSING DEATH.  DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO (C)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (State)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  M. et work et work  EIGNATURE  22d. AUMOPSY: YES NO (County)  AND  ADDRESS (Street, city, town, state)  DATE SIGNE  Sykesville, Maryland  12/5/55  AMM OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  (Sintel)  CSINTELLY CAUSE.  CSINTELLY CAUSE.  COUNTRIBUTION  DISEASE OR CONDITIONS, IF ANY, (B)  DATE SIGNE  SYKESVILLE, Maryland  12/5/55  NAMY OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  (Sintel)  CSINTELLY CAUSE.  CSINTELLY CAUSE.  CAUSE  STATING UNDERLYTING  DISEASE OR CONDITIONS, IF ANY, (B)  DATE SIGNE  CONDITIONS.  CAUSE OF DEATH  DISEASE OR CONDITIONS CONTRIBUTIONS  CONTRIBUTIONS  COUNTRIBUTIONS  COUNTRIBUT	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	10. MEDICAL CER	HEICKHON		
DISEASES OR CONDITIONS, IF ANY, (B) Diabetes Mellitus  Vears  DISEASE OR CONDITIONS, IF ANY, (B) DIabetes Mellitus  Vears  OTHE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITIONS CONTRIBUTING  PLACED TO THE BOOK CAUSE WITH DEVELOPED CONDITION COUNTRY  VES NO DISEASE OR CONDITIONS CONTRIBUTING  CONTRIBUTING CAUSE OF DEATH  OF INJURY Street, office bidg., atc.)  (C)  DISEASE OR CONDITIONS CONTRIBUTING  CONTRIBUTING CAUSE OF DEATH  OF INJURY Street, office bidg., atc.)  (C)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (State)  22d. Horeby certify that I attended the deceased from 10/21	260 XIMMEDIATE CAUSE (A) BI	ronchopneumoni	La		2 days.
GIVING RISE TO THE ABOVE CAUSE LAST.  OCC.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITION CAUSING DEATH.  2 - 3 YE AT  190. DATE OF OPERATION  195. MAJOR FINDINGS OF OPERATION  216. ACCIDENT WAS UNDERLYING   215. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., atc.)  OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., atc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)  221d. TIME OF INJURY (Month) (Day) (Year) (Hour) while of work of work of work of work of work.  221d. TIME OF INJURY (Month) (Day) (Year) (Hour) And while of work of work.  221d. TIME OF INJURY (Month) (Day) (Year) (Hour) And while of work.  221d. TIME OF INJURY (Month) (Day) (Year) (Hour) And while of work.  221d. TIME OF INJURY (Month) (Day) (Year) (Hour) And while of work.  221d. TIME OF INJURY (Month) (Day) (Year) (Hour) And that death occurred at 2.5 OAM, from the causes and on the date stated above.  222. I hereby certify that I attended the deceased from 10/21					/
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19c. ACCIDENT WAS UNDERLYING 120. AUTORST? 19c. ACCIDENT WAS UNDERLYING 120. AUTORST. 19c. ACCIDENT WAS UND	STATING UNDERLYING CAUSE LAST. DUE TO	<u> Diabetes Melli</u>	itus		years
196. DATE OF OPERATION  196. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO 1  21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OF INJURY Street, office bidg., atc.)  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (Stata)  21d. TIME OF INJURY (Month) (Day)  (Year) (Hour)  21e. INJURY OCCURRED While of work   21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22e. I hereby certify that I attended the deceased from 10/21	TO THE DEATH BUT NOT BELATED TO THE	nic brain syn	ndrome associat	ted with seni	le
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., atc.)  21e. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OF INJURY street, office bidg., atc.)  21c. WHERE DID INJURY OCCUR? (City or town)  21c. WHERE DID INJURY OCCUR? (City or town)  (State)  21c. WHERE DID INJURY OCCUR? (City or town)  (State)  21d. TIME OF INJURY (Monith) (Day) (Year) (Hour)  21d. TIME OF INJURY (Monith) (Day) (Year) (Hour)  21d. TIME OF INJURY OCCUR?  While of work   21f. HOW DID INJURY OCCUR?  While of work   21f. HOW DID INJURY OCCUR?  12d. TIME OF INJURY OCCUR?  While of work   21f. HOW DID INJURY OCCUR?  12d. TIME OF INJURY OCCUR?  AND INJURY OCCUR?  (City or town)  (State)  (County)  (State)  STATE IN INJURY OCCUR?  (City or town)  (County)  (State)	19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF	F OPERATION	in orangement	PACETON	20. AUTOPSY?
OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bidg., atc.)  21d. TIME OF INJURY (Monith) (Day) (Year) (Hour) 21e. INJURY OCCURED While of work [] 21f. HOW DID INJURY OCCUR?  While of work [] 21f. HOW DID INJURY OCCUR?  While of work [] 21f. HOW DID INJURY OCCUR?  While of work [] 21f. HOW DID INJURY OCCUR?  While of work [] 21f. HOW DID INJURY OCCUR?  Thereby certify that I attended the deceased from 10/21					YES NO I
22. I hereby certify that I attended the deceased from 10/21	OR CONTRIBUTING [] CAUSE OF DEATH   OF INJURY street, of		tc. WHERE DID INJURY OCCUR	? (City or town)	(County) (Stata)
alive on	While	Not while	If, HOW DID INJURY OCCUR	?	
SIGNATURE  MALL Sykesville, Maryland 12/5/55  39 BURIAL, CREMATION, REMOVAL (SPECIFY)  DATE THEREOF NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  (State)					
Maly of Cemetery of Crematory    Maryland 12/5/55		that death occurred at.	.2.50A.M, from the ca	auses and on the date	stated above.
Q REMOVAL (SPECIFY)	Walker H. Jounes	beloff M.D.			
( constant of the contraction of			10/0	LOCATION (City, town, or	r county) (State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  DATE 1955 C. Farry News 226 Funeral Director's Signature Address	JEG 6 1055 1 %	Hur		SIGNATURE PLA	ADDRESS

BUREAU V. S. 

DEC 4 1922

NSTRUCTIONS

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STAP.

#### CERTIFICATE OF DEATH 781

Item 2, FilmG190 12-28-55	et	Z	Re	g. Dist. No.	
1. PLACE OF DEATH		2. USUAL RESIDENC		CEASED	E Chamber
COUNTY Carroll	MARYLAND	STATE Maryland	COUNT		
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpore OR	te limits, writa RURAL en	d give necrest town	
Y TOWN Rural - Sykesville	since 11-11-		Baltimore ?		X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield Sta	te Hospital	STREET Unkno			. 1
3. NAME OF (First)	(Middle)	Found wanderin	4. DATE (Mont		(Yeer)
DECEASED (Type or Print) Walker	(Middle)	BOONE	OF	cember 13	
5. SEX   6. COLOR OR   7. SINGLE, M		OF BIRTH 9.	AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
male   white   (Specify)	unknown unknown		about 63 yrs.	Months Deys	Hours Min.
done during most of working life, even if	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stele or foreign	country)	COUN	
refired) UNKNOWN   -		unknown  1 14. MOTHER'S MAIDEN NA	A NAT	un	cnown
			AME		
unknown		unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yas, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & AD			
(If Yas, giva war or datas of servica)	unkaom	Records of	Springfiel	d State H	ospital
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE.	18. MEDICAL CER	TIFICATION			RVAL BETWEEN
IMMEDIATE CAUSE (A) CO	ronary occlusion	1			inutes
ANTECEDENT CAUSE(S) DUE TO		a a a l'amaga a		mar	e than
DISEASES OR CONDITIONS, IF ANY, (B)	neralized arteri	COSCIELOSIA		مالت	yrs.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	M-10				
(C)  TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	RS aggoo with a	inaulatown die	turbance w	ith mor	e than
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cereb					Vrs.
	NGS OF OPERATION	OSTS WIGH DONG	HOULC Teac		D. AUTOPSY?
DATE OF OPERATION 175. MAJOR PINDI	103 OF OFERALION				□ NO □
	(Home, ferm, fectory, eat, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?			
м.	While Not while et work	610			
22. I hereby certify that I attended the d					
alixe on Dec . 13, 1955	and that death occurred at	1:00 M, from the car	uses and on the d	ate stated abov	e.
SIGNATURE \ / ^		ADDRI	ESS (Street, city, town	n, state)	DATE SIGNED
The Much le	M.D.		ville, Mary		12/13/55
23. BURIAT, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town	, or county)	(State)
whelead + stored 12/14/50	Vorige of the Mes		Ballimore,	Mod	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	TURE SA	25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	
DATE- 1. 1 9 1955 Coper	y Oleers				

MARYLAND STATE DEPARTMENT OF HEALTH-SALYIMOUR, TO

## LIT A SVE SW. SWA SHITTERA LOW

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VS A15C 1-55 10M

hours after death.

#### CERTIFICATE OF DEATH 11782

11775

			771
200	Dist.	No	14

1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DI	ECEASED	
COUNTY Carroll	MARYLAND	STATE Maryl	and county		
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpo	rata fimits, write RURAL a	nd give naarast	town)
OR and give neerest town)  Henryton	(in this place)	OR TOWN Balti	more		21/01
HOSPITAL OR	/	STREET	(If rural giv	a location)	3401-4
INSTITUTION OR		ADDRESS			
DO MOIN 9 OUN DOAGE NO.			Belmont Ave	nue	Y
3. NAME OF (First) (A	Aiddla)	(Last)	4. DATE (Mon	th) (D	ay) (Year)
(Type or Print) Phillip		Broughton	DEATH ]	2 1	0 19 55
S. SEX   6. COLOR OR   7. SINGLE, MARRIEL	. 8. DATE		9. AGE fest birthday	IF UNDER 1 Y	
Male Colored (Specify) Sin		-31-15	40 yrs.	Months   D	ays Hours   Min.
	OF BUSINESS	11. BIRTHPLACE (State or forei			
done during most of working life, avan If OR I	NDUSTRY	II. DIKTHPLACE (Stere of fore)	gn country)		CITIZEN OF WHAT
retired) Not employed		Maryland			
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	MAME		
Unknown		Unknown			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?   16.	SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS		
(Yes, no, or unk.) (If Yas, give war or dates of service)	None	Doonward			
100	18. MEDICAL CE	Deceased			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ioi inzpienz dz	ATTI TOATTOR			ONSET AND DEATH
A- n V Candi					
	ac maurici	ency decompensa	iteu		
ANTECEDENT CAUSE(S) DUE TO		James alamanda			
GIVING PISE TO THE ABOVE CALISE	nary tubercu	losis, chronic			
STATING UNDERLYING CAUSE LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDINGS C	F OPERATION				20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   1 21b. PLACE (Home.	form forton:	214 WHERE DID ALILIDY OCCUR	3 (0)		YES NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off (IF ETTHER, NOTIFY MEDICAL EXAMINER)	fice bldg., etc.)	21c. WHERE DID INJURY OCCUR	(City or lown)	(County)	(Stete)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour)   21e.	NJURY OCCURRED	21f. HOW DID INJURY OCCUP	17		
While	k Not while				
		7 75 7	30 66		
22. I hereby certify that I attended the decease	ed from Dec.	2, 19.22, to 200	a	, that I las	t saw the deceased
alive on Dec. 10, 1955/ and	that death occurred a	at 2. a 35 P.M, from the c	auses and on the c	late stated a	bove.
SIGNATURE	2	ADDI	RESS (Street, city, tow	n, stata)	DATE SIGNE
1.1.1101-Cex	M. D.		Henryton, 1	vd.	12-10-55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town		(Stata)
REMOVAE (SPECIFY)					Note and
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE		1 25 ELINEDAL DIDECTORE	SICNIA TUDE	4.00	Dree
311 0	1 .1	25. FUNERAL DIRECTOR'S	Lyngual Ho	1631 ADI	ORESS .
DATE 12-10-55 (Albert 16.	Aura while	est talland o	t. 11 near V He	me Il	und Hell

### CERTIFICATE OF DEATH

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BUREAU V. S.

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#### 11783 CERTIFICATE OF DEATH

Reg. Dist. No.

11776

1. PLACE OF D	EATH				2. USUAL RESI	DENCE (	HOME) OF D	ECEASE	D	
COUNTY Car	roll		MARYL	AND	STATE Mar	yland	COUNTY			
CITY (If outside	corporete limits, wri	te RURAL	LENGTH C	OF STAY	CITY (II outside o	corporete lim	its, write RURAL	and give ne	arest town	
OR end give n	L - Sykes	affir	(in this p	plece)	OR TOWN Ral	timore			3 V	0111
HOSPITAL OR	L - Oynes	11110	1 / 40	2,90	STREET	OLIMOLE		ve location	O V	01-4
INSTITUTION OR	0				ADDRESS					1
/ STREET ADDRESS		ield Sta	te Hospit	сат			ck Avenu	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME		V
3. NAME OF DECEASED	(First)		(Middle)		(Last)	4.	OF (Mo	nih)	(Dey)	(Yeer)
(Type or Print)	DAN	IEL	PATRICE	X	BROWN	300	DEATH	12	10	1955
S. SEX   6.	COLOR OR RACE	7. SINGLE, N	ARRIED, D. DIVORCED,	8. DATE C	OF BIRTH	9. AC	E lest birthdey		R 1 YEAR	IF UNDER 24 HRS
Male	White	(Specify)	Div.	5	/21/84	71	yrs.	Months	Deys	Hours Min.
10e. USUAL OCCUPAT	TION (Give kind of	work   10b	KIND OF BUSINE		11. BIRTHPLACE (State or	foreign cour	ntry)	1		N OF WHAT
	of working life, ex		OR INDUSTRY		Wiscons	in			COUN	
13. FATHER'S NAME	Tilg acce	iluariq	MARK	1	1 14. MOTHER'S MAIL				Uč	DA
	Do tom ole	Descree								
15. WAS DECEASED	Patrick		1 16. SOCIAL SEC	THE VIOLEN	Eleano:					
(Yes no or unk.) (I			211-20-	1551	Record	, Spri	ingfield	Stat		
I DISEASES OR CON	DITIONS DIRECTLY	LEADING TO DE	18. ME	DICAL CER	TIFICATION					RVAL BETWEEN
420,0	DITIONS DIRECTET			rotic he	eart disease				-	years
IMMED	IATE CAUSE	(A)		. 0 0 2 0 120	Jaro arbeabe					years
ANTECED	ENT CAUSE(S)	DUE TO	3.272							
DISEASES OR CONDI	ABOVE CALICE		hilis, ur	ndlagno	sed site		_		unk	mown
STATING UNDERLYING	G CAUSE LAST.	DUE TO	Juaname 4	has be mean	landa Cama	J			2	
TT OTHER SIGNIFICAN	T CONDITIONS CO	(C) PU	umonary	.uoercu.	losis, far-ac	avance	<u> </u>		_ 2 Y	rears
		THE CY	ronic bra	aln synd	drome associa	ated v	nth cer	ebral	1 -	
DISEASE OR CONDI			NGS OF OPERATIO		with psycho	GIC TE	eaction			ear D. AUTOPSY?
19e. DATE OF OPERA	IION	MAJOR FINDI	NGS OF OPERATIO	N						NO T
21e. ACCIDENT WAS	UNDERLYING []	21b. PLACE	(Home, ferm, factor	ry, I	Ic, WHERE DID INJURY O	CCUR? (Cit	ty or town)	(Cou		(Stete)
OR CONTRIBUTING (IF EITHER, NOTIFY MEE	CAUSE OF DEATH		eet, office bldg., et							
21d. TIME OF INJURY		(Yeer) (Hour)	21e. INJURY OCC		21f. HOW DID INJURY O	CCUR?			191	
		м.		work						
22. I hereby c	autific that I a	ttondad the	lacanced from	12/1	, 1955, to	72/70	) 10 55	thet	Inct car	u the dece-
1/	2/10	TE ING O	eceased from		1:55P.M, from the					
alive on	f	7	and that death	occurred at			(Street, city, to			e. Date signed
BIGNATURE	a salve	ada	yreen	yre						DATE SIGNED
O2 PUDIAL COSTA	1011	TE THEREOF	1 NAME OF	CEMETERY OR			Marylan ATION (City, tow		w)	12/10/55 (State)
23. BURIAL, CREMATI	FY) DA	HEKEOF	NAME OF	CEMETERT OR	ALD I D	100	ATION (CITY, 10V	or count	71	(Stelle)
Trular	1/2	6-16-5	5 /100	11/1/1/	ulalal		Balli	inc	Te-1	med.
24. REC'D BY REGISTI	RAR REG	ISTRAR'S SIGNA	TURE		25. FUNERAL DIRECTO	DR'S SIGNA	TURE		ADDRESS	1 1 11
DATE POLL 15	1955	N Has	es Tile	er	A-711. m	reals	-80	571	/ sel	west st.

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

TO ATTENDING

MASTIANO STATE DEPARTMENT OF PEACHWOOLE IS

## ITEST CERTIFICATE OF DEATH

distract ad output appointment as out in 1		BYANGNO BRANCO
		- Larvin Common
Control of the second s	7.25	Office and the second
The state of the s		
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THE RESERVE AND THE PARTY OF TH		
		STATE STATE TO A
	STATE OF THE REAL PROPERTY.	
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1. PLACE OF DEATH

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 11734

Reg. Dist. No.

2. USUAL PERIDENCE (HOME) OF DECEASED

COUNTY	CARROLL		MARYL	AND	STATE M	IARYLAN	D COUNTY				
CITY (If outside	e corporate limits, writ	e RURAL	LENGTH O	FSTAY	CITY (If o		te limits, writa RURAL	end give near	rest town)		
	nearest town) 11 - Sykes	ville	(In this p	lece) lays	OR TOWN	Baltimo	me - 77		2	Val	-11
HOSPITAL OR		ATTIC	1 70 (	ays	STREET	ELT OTHIC		ve locetion)		V C2 /	- 65
STREET ADDRESS		ala cret	a Transita	, 7	ADDRESS	2010	Transfel day and a se	A			1
3. NAME OF	(First)	eld Stan	e Hospita	41	(Lest)	23.10	Huntington		(Dey)	(Yee	-
DECEASED		0.000	· · · · · · · · · · · · · · · · · · ·				OF	1110)	(Dey)		
(Type or Print)	CHARL		AGNES		BYUS		DEATH ]	2	1		55
5. SEX 6	RACE White	7. SINGLE, MA WIDOWED, (Specify) W	idowed	8. DATE O	12/20/89	9.	AGE lest birthday  65 yrs.	Months	Deys	Hours Hours	Min.
100. USUAL OCCUPA	ATION (Give kind of v	work 10b.	KIND OF BUSINES OR INDUSTRY		11. BIRTHPLACE (S	state or foreign	n country)	12	COUN	N OF WH	AT
retired) Mach	nine opera	tor Nox	ema Compa	anv	Maryla	nd		1	COUN	HIKTI	USA
13. FATHER'S NAME		121026			14. MOTHER'		AME				002
Da	niel O'Co	nnor			Mar	earet.	O'Connor				
15. WAS DECEASED			16. SOCIAL SEC		/ 17. INFO	RMANT & AD				701	
(Yes, no, or unk.)	(If Yes, give war or da	-	215-1	3-420	6 Recon	d Snr	ingfield S	State 1	llo en i	1407	
	YONE		18. MEI	DICAL CER	TIFICATION	u opi	migraera c	ou de 1	INTE	RVAL BETY	
I DISEASES OR CO	NDITIONS DIRECTLY		тн							SET AND D	
11.21.1 IMME	DIATE CAUSE	(A) Pul	monary er	nbolism					2	days	
ANTEC	EDENT CAUSE(S)	OUE TO									
DISEASES OR CONF	AF AROVE CALLSE	(-)	ternoscie	erotic .	heart dis	sease			ve	ars	
STATING UNDERLYIN	NG CAUSE LAST.	UE TO									
II OTHER SIGNIFICAL	NT CONDITIONS CON	(C)	rcinoma	of left.	breast.				mol	nths	
TO THE DEATH BU	T NOT RELATED TO T	HE			l psychot	ic mea	ction			month	e
190. DATE OF OPER			GS OF OPERATION		r payono o	10 100	COLOII			. AUTOPS	
2									YES	X NO	, 🗆
21a. ACCIDENT WA. OR CONTRIBUTING [	CAUSE OF DEATH	21b. PLACE (H OF INJURY strat	loma, term, fector et, olfice bldg., etc	2	ic. WHERE DID INJ	URY OCCUR?	(City or town)	(Coun	ty)	(Stata	()
21d. TIME OF INJURY		1		JRRED :	211. HOW DID INJ	URY OCCUR?		55127	1		
22. I hereby	certify that I at				1955	to 12	/1 19 55	that I	last say	w the de	ceased
alive on 12						form the co	uses and on the				coused
SIGNATUR		7 4		occurred at.			ESS (Street, city, tov			DATE SI	GNED
Walth	eh St. Jo	mule	isilal	M.D.		Sukacu	ille, Mary	back		79/9	155
23. BURIAL, CREMA	TION, DAT	E THEREOF	NAME OF	CEMETERY OR	CREMATORY	JACOV	LOCATION (City, tow	n, or county	)	10/6	Steta)
REMOVAL (SPEC		1-5-5	5 W/	ESTE	RN		BALT,	MOR	E	M	1
24 REC'D BY REGIS		STRAR'S, SIGNATE			25. FUNERAL D	DIRECTOR'S SI	IGNATURE	-	ADDRESS		n
DEC 5	1955	Harry	9/		Leone	2. A	chwat.	2101	Fre	derice	e
			×						-	w	TE.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTHMORE, 18

## CERTIFICATE OF DEATH

	PENON TEN	CONTRACTOR OF THE			
			CHEATTERAN.		
N. W. T. St.		The state of the s			ALL
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		70	315-13-43		
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		75082,0			

SEC 2 1955



MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIM	IORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE (	OF DEATH	No
1. PLACE OF DEATH: Springfield State Hospital	2. USUAL RESIDENCE (	HOME) OF DECEASED:	
county, Carroll MARYLAND	STATE Maryland	d county	alta
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Near Sykesville, Maryland Visit	CITY (If outside corpo OR TOWN Baltimo:	erate limits write RURAL are 27	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None	STREET ADDRESS 5610 Ca.	(If rural, give location) rville Avenue	
3. NAME OF (First) (Middle)	(Last)   4.	DATE (Month) (Da	y) (Year)
DECEASED: (Type or Print) Joseph Edward Carew		OF DEATH 12 7	19 55
RACE: WIDOWED, DIVORCED,	e of Birth: 9. AG	E last birthday: IF UNDER 1 Months I	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of of the work done during most of work life, INDUSTRY:	R 11. BIRTHPLACE (St	ate or foreign country): 1	2. CITIZEN OF WHAT COUNTRY?
even if retired   Waterman	Maryland 14. MOTHER'S MAIDEN	NAME.	USA
	Martha _Sch		
JOSOPH Carew  15. Was Digleased Ever In U.S. Armed Forces 7 (Yes, no or unk.) (If Yes, give war or dates of Ver 1 217-141295	17. INFORMANT & ADDR Mrs. Velma P	ess: ritchett, daught	
	AL CERTIFICATION	e Ave., Maryland	Balto. 27.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CENTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Coronary	Occulation		10 minutes
Immediate cause (a) Active Contenting	OCCUISION		I D MILITAGES
Anton José como (a)			2
Diseases or conditions, if any, (b) Myocardial Infa	rction		3 years
giving rise to the above cause DUE TO stating underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:			20. AUTOPSY? Yes \( \subseteq \) No \( \subseteq \)
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF street, office bldg., etc CAUSE OF DEATH.		(County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Not while at Not while at work	21f. HOW DID INJUR	RY OCCUR?	
22. I hereby certify that I took charge of the remains descri	bed above, held an Au	topsy []. Inspection [	Inquiry I and
find that death resulted from Natural causes 2, Acci	dent □, Suicide □,	Homicide [], Undete	ermined cause [].
SIGNATURE S + B	CHIEF MEI	DICAL EXAMINER EDICAL EXAMINER MEDICAL EXAM.	DATE SIGNED
phille den		MEDICAL EXAM.	12/7/53
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER BURIAL (Specify): 12-10-55 Loudon Park		OCATION (City, town, or o	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		bbard,4107 Wi	lkens Ave

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ESC. . The same of the

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4	MOG			
1	6 350	CERTIFICATE	OF	DEATH

	F	11786 CERTIFICATE	E OF DEATH Reg. Disc	t. No. 82-83			
(M	nformation carefully. clearly and legibly.	COUNTY  CITY (If outside corporate limits, write RURAL (in this place)  Transport of the corporate limits, write RURAL (in this place)  HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASE  STATE AND COUNTY  CITY(If outside corporate limits, write RURAL OR TOWN PURPLE OF TOWN (If rural give location)  ADDRESS	eroll and give nearest town Surille			
	item of i	DECEASED: (Type or Print) WAITER E CHEN  5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIYORCED (Specify) WIDOWED 12-2	OF BIRTH: 9. AGE last birthday IF UNDER 1	Days Hours Min.			
NDING	Supply every ite the causes	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME:  13. FATHER'S NAME:	11. BIRTHPLACE (State or foreign country): 12.  MARY AND  14. MOTHER'S MAIDEN NAME:  POS ANNA HAUF SCHOOL	W.S.A.			
FOR BINDING	INK.	(Yes, no, or unk.) (If Yes, give war or dates of service) 15. SDCIAL SECURITY ND. 220-05-2846	Mes. MARTHA HART, 370	c. Ballo hy			
MARGIN RESERVED	UNFADING sicians: plea	18. MEDICAL CERTIFICAT  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  443  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)	l hemorloge	ONSET AND DEATH			
ARGIN R	WITH nt. Phy	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	isth hyperteusin	1590			
M	PLAINLY, W	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	<b>V</b>	20. AUTOPSY7			
	WRITE PL especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, factory, INJURY OCCUR? (County) (State)					
•	OR We is	22. I hereby certify that Tattended the deceased from 1941, to 23.Dec., 1955, that I last saw the de					
A15 — 10 - 53	CEASE TYPE correct ag	alive on 25 1	9:30PM, from the causes and on the date  ADDRESS  DA  D. J. D. S. J. D. J.	stated above. TE SIGNED  Dec. 1955 r county) (State			
ró	Ы	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1/24. FUNERAL DIRECTOR	ADDRESS			

BUREAU V. S.

DEC 58 1822

BECEINED

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician.

4 hours affer death.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11780

## 11737 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DE	CEASED	
COUNTY CARROLL	MARYLAND	STATE MARYLAI	ND COUNTY	Carroll	
CITY (If outside corporete limits, write RURAL OR and give neerest town)			rate limits, write RURAL an	d give nearest town	)
X Town Rural - Sykesville	3Y. 2M.6 day	201/41 22 1	minster		27
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield		STREET ADDRESS	(If rurel giv	e location)	1
3. NAME OF (first)	(Mid dle)	(Lest)	4. DATE (Mont	h) (Dey)	(Yeer)
(Type or Print)	BELLE	DEAL	DEATH 12	14	19 55
5. SEX 6. COLOR OR 7. SII	NGLE, MARRIED, 8. DATE	OF BIRTH	9. AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female White (S	DOWED, DIVORCED, Widowed 4/9	7/82	73 yrs.	Months Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZE	N OF WHAT
retired) housekeeper	OK INDUSTRY	Unknow	n	COUR	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Unknown		Unknown	n		
15. WAS DECEASED EVER IN U. S. ARMED FORCE		17. INFORMANT & A	ADDRESS		
(Yes, no, or unk.) (If Yes, give wer or detes of se	rvice)	Record, S	oringfield S	tate Hosp	oital.
T DISEASES OF CONDITIONS DIRECTLY SEADING	18. MEDICAL CE	RTIFICATION			ERVAL BETWEEN SET AND DEATH
11/2V	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				weeks
MMEDIATE CAUSE (A)					WCCKB
ANTECEDENT CAUSE(S) DUE TO					
GIVING RISE TO THE ABOVE CAUSE					
(C)					and the last
TO THE DEATH BUT NOT RELATED TO THE				le	
DISEASE OR CONDITION CAUSING DEATH.	psychotic reaction			years	
198. DATE OF OPERATION 196. MAJO			YES	D. AUTOPSY?	
218. ACCIDENT WAS UNDERLYING   216.  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, ferm, fectory, IURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (Dey) (Year)	Hour) 21e. INJURY OCCURRED While Not while et work et work	21f. HOW DID INJURY OCCU	37		21.8
22. I hereby certify that I attended	the deceased from 12/1	, 19.55, to	2/14 19.55	that I last say	w the deceased
alive on 12/13 19 5					
SIGNATURE	111		RESS (Street, city, town		DATE SIGNED
Walahli H. Jonny	Mfelit !- M.D.	Sykesvi:	lle, Marylan	d 12	2/14/55
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  12/5	So Chin of Well	· Used. Sahool	Ballinge	, or county)  Med	(State)
24. REC'D BY REGISTRAR   REGISTRAR'S	SGNATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	
DATE EC 1 9 1955 C. A	arry They				

IN STRUCTURE OF THE DEVANTAGE OF HEAT VILLEAUTHAGE. 18

## CERTIFICATE OF DEATH

STE S. DE the feet time, we want the Martin to the sale with the parties of the

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TO FUNERAL DIRECTOR: The law requires that the death certificate begiled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transfer permit.

A15C 1-55 10M

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 11738 CERTIFICATE OF DEATH

Reg. Dist. No

11781

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECE	SED
	MARYLAND	STATE Maryla		
CITY (If outside corporate limits, write RURAL LI OR and give nearest town)	ENGTH OF STAY (in this place)	CITY (If outside corpora	ate limits, write RURAL and giv	e nearest town)
	ince 11-16-2	3 TOWN Baltim	ore City	3401-4
HOSPITAL OR INSTITUTION OR CONTROL OF CONTRO	7	STREET ADDRESS 1 00	(If rural give loca	
5 STREET ADDRESS Springfield State F	ospital	409	N. Carrollton	Avenue
3. NAME OF (First) (Middle DECEASED	le)	(Last)	4. DATE (Month)	(Day) (Yaar)
(True on Dried)	W.	DIXON	DEATH Dece	mber 6 1955
5. SEX   6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCI	8. DATE C	OF BIRTH 9		NDER 1 YEAR   IF UNDER 24 HRS.
male white Spaceingle	Janua	ry 2, 1882	73 yrs. Mon	ths Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF	BUSINESS	11. BIRTHPLACE (State or loraig	n country)	12. CITIZEN OF WHAT
done during most of working life, avan if retired) Clerk ————————————————————————————————————	Cap Mfg.	Baltimore, Ma	harland	United States
13. FATHER'S, NAME	Odp mg	14. MOTHER'S MAIDEN N		Tonicoca Doctocs
James Dixon		Bettie R. S	lmith	
	CIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
Yes, no, or unk.) (If Yas, giva war or datas of sarvica)	OM/DO	Records of	Springfield S	tate Magnital
	18. MEDICAL CER		obi Tist Tera c	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH
400, IMMEDIATE CAUSE (A) Corona:	ry occlusion	n		nanutes
ANTECEDENT CAUSE(S) DUE TO Chronic	n more than 20 vrs.			
GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. (C)				
TO THE DEATH BUT NOT RELATED TO THE				more than
DISEASE OR CONDITION CAUSING DEATH. SChizo	phrenic rea	ction, hebephre	enic type	30 yrs.
198. DATE OF OPERATION 196. MAJOR FINDINGS OF O	PERATION			20. AUTOPSY? YES X NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, far	m. factory.	21c. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, officer		-		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJU		21f. HOW DID INJURY OCCUR	?	THE WAY DOWN
M. While at work	Not while at work	4,40-		
22. I hereby certify that I attended the deceased	from Sept. 1	st, 19 47 , to Dec	5, 1955, th	at I last saw the deceased
alive on Dec. 5 , 1955 , and that	death occurred at	7.2.05AM, from the ca	auses and on the date	stated above.
SIGNATURE			ESS (Street, city, town, state	
	tin Gross,	M. D. Sykesvi	ille, Maryland	12/6/55
23. BURIAL, CREMATION, DATE THEREOF N. REMOVAL (SPECIFY)	AME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or c	ounty) (Stata)
Burial 12/9/55	Loudon Pa	rk Cem.	Balto., Md.	^
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	/	25 FUNERAL DIRECTOR'S	7: 1 al l	ADDRESS
LIFCO 1- 1 denny Ar	0011-	Ellan Ail	INDADADA Y X	MIA - 101 VIA //

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## HTARG FORTEICATESON DEATH

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Envers		must prove		
NOWEND A.	A SERVER TO THE	f distinctions was		Harris Veloces 2.22
EC 8 03				State of the America

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## 11700

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Supply every item of information carefully.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING

A15-10-53

VS.

11109 CERTIFICATI	E OF DEATH Reg. Dist	. No. / 7
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
county Carroll Maryland	STATE Maryland COUNTY	w PH
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town)
OR and give nearest town) (in this place)	OR	
X Town Sykesville, Maryland 576, 2500.	Meg cerumore Waryia	nd // X-2.
HOSPITAL OR INSTITUTION OR	I ADDRESS	
// STREET ADDRESS Springfield State Hospital	R.F.D. # 1	/
3. NAME OF (First) (Middle)		Day) (Year)
DECEASED: (Type or Print) Lula Frances Du	uckworth OF 12	28 19 55
5. SEX:  6. COLOR OR  7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1	
Female White (Specify): Widowed	Months I	Days Hours   Min.
104 USUAL OCCUPATION (Give kind of) 108 KIND OF BUSINESS	10-25-1891   64 yrs.	CITIZEN OF WILLE
work done during most of working life, even if retired):	The British Exce (State of Total) tourity). 12.	COUNTRY?
	Virginia	U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Owen Derflinger	ynk -	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes. no. or unk.) (If Yes, give war or dates of service)	Hospital records	
18. MEDICAL CERTIFICA		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
305X		00
IMMEDIATE CAUSE (A)UOT	onary occlusion	30 min.
ANTECEDENT CAUSE (\$)		
	heimer's Disease	7 yrs.
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.  19A, DATE OF OPERATION:   19B, MAJOR FINDINGS OF OPERATIO	1N	
		20. AUTOPSY?
		YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	ctory. 21c. WHERE DID (City or town) (Coun., etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURREI OF INJURY While Not while	D 21F. HOW DID INJURY OCCUR?	
OF INJURY While at work at work		
22. I hereby certify that I attended the deceased from10-	-28-, 1950, to 12-28-559 that I last	saw the deceased
alive on 12-28-, 1955, and that death occurred at	D .	
SIGNATURE WILSE Kamm, M.D.	ADDRESS DA'	stated above.
ALLOG Menull, M. D.	Springfield Sykesville, Md.	זמ מת לל
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ADDRESS Sykesville, Md. M.D. Springfield State Hosp.	12-29-55 r_county) (State)
REMOVAL (SPECIEV)	uport Westernfort	L und
Burial 12-31-55 Weden	you wateryou	1/14.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	L ADDRESS

BUREAU V. S.

arei s nau

BECEINED

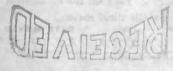
#### 11790 CERTIFICATE OF DEATH

r this	MARYLAND STATE DEPARTMENT	NT OF HEALTH-BALTIMORE, 18	11783
Afte ox o	11790 CERTIFICATI	OF DEATH	
eath. A	III 30 CERTIFICATI		No
after des	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
5 ±	COUNTY CARROLL MARYLAND	STATE MANHAND COUNTY	
72 hour	CITY (If outside corporate limits, write RURAL  OR end give nearest town)  TOWN  LENGTH OF STAY  (In this place)	CITY (Il outside corgorete limits, write RURAL end give neere OR TOWN Ralfmare City.	3 V01-4
5.0	HOSPITAL OR Springfield State  15 STREET ADDRESS	STREET (If rurel give location) ADDRESS	
strar within the funeral	3. NAME OF (First) / (Middle) DECEASED   P MDN Fr K MON NO TO	(Lest) 4. DATE (Month) OF DEATH	(Doy) (Yeer)
regi	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE CO WIDOWED, DIVORCED, (Specify) And Amala Mr. f.		
with the led in nit.	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY  WALLEY  WALLEY  OR INDUSTRY  WALLEY  W	11. BIRTHPLACE (Stele or foreign country) 12.  SIMMAMM M	CITIZEN OF WHAT COUNTRY?
rrificate be filed wi and completely fill burial transit permi	13. FATHER'S NAME  NOT KNOWN	14. MOTHER'S MAIDEN NAME.	······
complete	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or upk.) (If Yes, give wer or deles of service)	17. INFORMANT & ADDRESS 17. SON FALTEUR	ds.
0 6	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
death sicial	7/5 X IMMEDIATE CAUSE (A)	ma	weeks
at the de	ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  DUE TO	s MCer	weeks
quires that a attendir detached	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING GRUPE AL AGAIN TO THE DEATH BUT NOT RELATED TO THE	Les Por Poll Journes	26 years +
w re be	DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION  196. MAJOR FINDINGS OF OPERATION	um of agri fromme	3 MMO + .  20. AUTOPSY? YES □ NO □
ERAL DIRECTOR: The la ate has been executed by certificate assembly should 55 10M	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (Sount	(State)
execusembly	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work	10 Manka by a distactbed	1 patient.
DIREC is been ate asse	22. I hereby certify that I attended the deceased from Maly alive on 2, 19,50, and that death occurred at	19 A.M., to 19 A.M., that I I	ast saw the deceased above.
	Wilther H. Sommen felde M.D.	5 pmgfilld State Lospita	l 12/3/55
0.02	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR DATE THEREOF STATES OF CEMETERY OR DATE THEREOF	Neary German.	Fuel (Stote)
5 3	DATE 0 1955 REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE  A  Taken  A	DDRESS
	Juli Work	110000	

## MTARG TO STACKINGS DENGTH

BUREAU V.

DEC 1 1952



INSTRUCTION

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11784

#### 11769 CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEA	ATH		2. USUAL RESID	ENCE (HOME) OF DE	CEASED	
Car	rroll		Mar	yland COUNTY	Carroll	
COUNT		MARYLAND  1 LENGTH OF STAY	SIVIE	orporete timits, write RURAL end		
OR end give nee	rporete limits, write RURAL Pre-Westminster	(in_this piece)	OR		give nearest lown)	
27 TOWN	westminster.	12 yes	rs TOWN W	estminster		2.7
HOSPITAL OR			STREET	(If rurel give	location)	1
INSTITUTION OR STREET ADDRESS	543 Carroll	Street	ADDRESS 5	41 Carroll S	Street	4
00	6 2			~		
3. NAME OF DECEASED	(First)	(Middle)	(Lost)	4. DATE (Month		(Yeer)
(Type or Print)	Florence	Barah	Fitze	DEATH DE	ec. 1	19 55
S. SEX   6. C	OLOR OR   7. SINGLE, MARRI	IED,   8. D/	ATE OF BIRTH	9. AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female	White (Specify) Wi	VORCED,	. 12, 1873		Months Deys	Hours   Min.
				7,00		
10e. USUAL OCCUPATIO		ND OF BUSINESS	11. BIRTHPLACE (Steta or I	oreign country)	12. CITIZEN COUNT	
retired) House	e wife Ov	vn Home	Carroll Co	untv. Md.	US	
13. FATHER'S NAME	T	111 1101110	1 14. MOTHER'S MAID		1 00	
	Tolon (B) Woman					
	John R. Hesson			y Harner		
		S. SOCIAL SECURITY NO	). 17. INFORMANT	& ADDRESS		
(Yes, no, or unk.) (If Y	es, give wer or dates of service)		Rachel	Ditze Westr	minster.	MA.
110		18 MEDICAL	CERTIFICATION	TTOZC WCDOL		VAL BETWEEN
I DISEASES OR CONDIT	TIONS DIRECTLY LEADING TO DEATH	IS. MEDICAL		4/		T AND DEATH
221V	(V	Pet 1	Certo ta o	NEwant	can 5	116 0
331 X IMMEDIAT		1			76	yrean
	T CAUSE(S) DUE TO	1	Catain-AK	Doracia	ir	UN
DISEASES OR CONDITION	ROVE CALISE	THE REAL	EPCA-CO SVS	- CA - CA - C		7
STATING UNDERLYING	CAUSE LAST. DUE TO					1
	(C)			, , , , , , , , , , , , , , , , , , , ,		
TO THE DEATH BUT NO	CONDITIONS CONTRIBUTING					
DISEASE OR CONDITIO						
19e. DATE OF OPERATIO	ON 196. MAJOR FINDINGS	OF OPERATION		Provide the new Ken		AUTOPSY?
					YES	NO I
210. ACCIDENT WAS U	NDERLYING   21b. PLACE (Hom	e, farm, fectory,	21c. WHERE DID INJURY OC	CUR? (City or town)	(County)	(State)
(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	office bidg., etc.)				
21d. TIME OF INJURY		INJURY OCCURRED	21f. HOW DID INJURY OC	CUR?		
	M. et w			1		
		11/38	62 4258 . 1	5.11 113		
22. I hereby cer	tify that I attended the dece		CY A	194 3		
alive on	19.5.3, and	that death occurre	d at J. T.M, from th			
SIGNATURE	XV -	A	A	DRESS (Street, city, town,	state) D.	ATE SIGNED
	1. wilken	Darre M.D.	Manley,	costes Mi	der 13	12/55
23. BURIAL, CREMATION	N, DATE THEREOF	NAME OF CEMETER	OR CREMATORY	LOCATION (City, town,	or county)	(Stete)
REMOVAL (SPECIFY)		Donat	Comotom	Tyrone,	Maryla	nd
Burial	Dec.3,1959		Cemetery			11.CL
24. REC'D BY REGISTRA	R REGISTRAR'S SIGNATURE	-12 15	25. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	
12 2 0	- All - age 1	11/10.11.	John R.	Ruera Weat	minaton	EM .

## CERTIFICATE OF DEATH

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11791 CERTIFICATE OF DEATH

			1813
Reg.	Dist.	No.	85

77.07	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED HOWARD COUNTY HANOUER
COUNTY MARYLAND	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town)
TOWN 110 TOWN	TOWN HANOVER 13X-2
Comment of gene	
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS Weitzel Kursing I forme	R. F.D.
	V
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) SARAH A. FLOHR	DEATH: Dec. 16 1955
	OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS.
Female white (Specify) Harriel	5/19/1876 79 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT
work done during most of working life, OR INDUSTRY:	COUNTRY?
even if retired):	Mariland
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
1 11-	2
+ pelph massey	Man Lones
WAS DECEASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY NO.	17. INFORMANT & KODRESS:
Yes, no, or unk.) (If Yes, give war or dates	1 1 1 2 1 1 15 10 maguales on
of service)	JOHN CO. FROWN, P. FE ON SIN
18. MEDICAL CERTIFICA	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
450.0	alized arteriorcherois 7 yours.
IMMEDIATE CAUSE (A) Jones	aliced arteriorclesses Typara
DUE TO	
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY. (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	
194, DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	20. AUTOPST?
	YES NO X
1A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fa	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg	
R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)  1D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRE	., etc. INJURY OCCUR?
R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg IF EITHER, NOTIFY MEDICAL EXAMINER)  1D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE F INJURY While Not while	., etc. INJURY OCCUR?
OF INJURY Street, office bldg  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  M. 21E INJURY OCCURRE  While Not while at work	D 21F. HOW DID INJURY OCCUR?
OF INJURY Street, office bldg  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  M. 21E INJURY OCCURRE  While Not while at work	D 21F. HOW DID INJURY OCCUR?
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While at work at work 22. I hereby certify that I attended the deceased from	D 21F. HOW DID INJURY OCCUR?  1 1955, to Dec, 1955, that I last saw the deceased
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)  2.1D. TIME (Month) (Day) (Year) (Hour) 2.1E INJURY OCCURRE While at work at work 2.2. I hereby certify that I attended the deceased from 2.2.	1955, to 1955, that I last saw the deceased t 2:452M, from the causes and on the date stated above.
OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work at work  22. I hereby certify that I attended the deceased from alive on process of the street	D 21f. HOW DID INJURY OCCUR?  1 1955, to 2000, 1955, that I last saw the deceased
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work at work at work at work alive on Acceptable 1955, and that death occurred a SIGNATURE	t 2: SM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work at work alive on Accompany 1955, and that death occurred a SIGNATURF	t 2:05. How DID INJURY OCCUR?  10 21f. How DID INJURY OCCUR?  11 1955, to Dec., 1955, that I last saw the deceased to 2:05. M, from the causes and on the date stated above.  ADDRESS DATE SIGNED  M. D. Fuf. Airy Md. 12/16655
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work at work at work at work at work as INJURY OF INJURY 1955, and that death occurred a SIGNATURE CALLULL AND ALL CREMATION, DATE THEREOF NAME OF CEME	1. etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  1. 1955, to
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work at work at work alive on Account 1955, and that death occurred a SIGNATURF	t 2:05. How DID INJURY OCCUR?  10 21f. How DID INJURY OCCUR?  11 1955, to Dec., 1955, that I last saw the deceased to 2:05. M, from the causes and on the date stated above.  ADDRESS DATE SIGNED  M. D. Fuf. Airy Md. 12/16655
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22e. I hereby certify that I attended the deceased from alive on possessing 1955, and that death occurred a SIGNATURF  23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)  12/19/555  NAME OF CEME	TEN OR CREMATORY OCCUR?  21f. HOW DID INJURY OCCUR?  1955, to 1956, that I last saw the deceased to 2:400 M. D. DATE SIGNED  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  12/16/15  13/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  14/16/15  1
OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF either, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work at work at work at work at work as INJURY OF INJURY Not while at work at work at work at work alive on Accessed 1955, and that death occurred a SIGNATURE CALLULLE AND ACCESSED ACCESSED AND ACCESSED ACCESSED AND ACCESSED ACCESSED AND ACCESSED ACCESSED ACCESSED ACCESSED AND ACCESSED	in etc. INJURY OCCUR?    21f. HOW DID INJURY OCCUR?   1955, to Dec., 1955, that I last saw the deceased to 2:05?M, from the causes and on the date stated above.  ADDRESS DATE SIGNED  M.D. M.L. Airy Md. 12/1655

BECEINED

JEC 21 1955

BUREAU V. S.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 11792 CERTIFICATE OF DEATH

11786

Reg. Dist. No. 74

1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEAS	ED
COUNTY Carroll .	MARYLAND	STATE Maryla		fontsomery
CITY (It outside corporete limits, write RURAL OR and give neerast town)	LENGTH OF STAY (in this place)	CITY (It outside corporel OR	e limits, write RURAL end giva n	eerest town)
X TOWN Rural - Sykesvill	the transfer of	TOWN	ckville	15-26-2
HOSPITAL OR		STREET	(If rurel giva locetion	)
INSTITUTION OR  STREET ADDRESS Sport north old	State Hospital	ADDRESS		
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Yaar)
DECEASED			OF	
(Type or Print) ROSA	ALICE	GROSHON	ساسان	12 19 55
5. SEX 6. COLOR OR 7. SIN RACE WII	IGLE, MARRIED, B. DATE C	OF BIRTH 9.	A GE last birthday IF UND Months	ER 1 YEAR   IF UNDER 24 HRS
F White (Sp	ecify) Widowed 6/2	8/79	76 yrs.	00/2
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT
done during most of working life, even if retirad) none	WAN!	Frederick Co.	untv. Maryland	USA
13. FATHER'S NAME	110000	14. MOTHER'S MAIDEN NA		UDA
Louis Craver		Laura Ra		
15. WAS DECEASED EVER IN U. S. ARMED FORCI (Yas, no, or unk.) (If Yas, giva war or detes of ser		17. INFORMANT & AD	DRESS	
O , or unk.)	none	Record. Spi	ringfield State	Hospital
A SIGNAGE OR COMPITIONS DIRECTLY LEADING	18. MEDICAL CER			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING				ONSE! AND DEATH
420.0 IMMEDIATE CAUSE (A)	Artemosclerotic l	neart disease		years
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B)	_ Generalized arter	riosclerosis		years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	- 0111 011110 04 (1211 0)		ed with senile	,
DISEASE OR CONDITION CAUSING DEATH. DZ		a Parkinsonism		5 years
19a. DATE OF OPERATION 19b. MAJOR	R FINDINGS OF OPERATION			20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING 21b. P OR CONTRIBUTING 200 CAUSE OF DEATH OF INJ (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Homa, farm, factory, URY streat, offica bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town) (Co	unty) (Stete)
21d, TIME OF INJURY (Month) (Day) (Yoar) (I	Hour) 21e. INJURY OCCURRED While Not while at work et work	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended	the deceased from 10/4	19.55. to 12/	12 19 55 that	I last saw the deceased
	and that death occurred at			
SIGNATURE	and mar deam occurred an		ESS (Street, city, town, stete)	DATE SIGNE
Walfuer of vour	weigheld		le, Maryland	12/12/55
23. BURIAL, CREMATION, DATE THEREC	OF MAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or cour	nty) (State)
BURIAL DEC. 1	4.1955 LAYTONS	ILLE, CEMT		E. MC
24. REC'D BY REGISTRAR   REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS
DATE ASC. 15. 1955 1.7	Jaren Men	Roy W- Be	orber Tauto	naville mo

ST CHICARTLASS OF TAKE TO TYPING THAT CHARLES CHARLES

## HYAR CHRISTON DEATH

				88.20 ST US V
		Sale III State Edit	ALL DESCRIPTION OF THE PARTY OF	
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Carta and No. 100 Private las				
		the market of the La		
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			and of the region of the fifth	an rational fact

VS A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 11793 CERTIFICATE OF DEATH

	Reg. Dis	st. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEAS	ED
COUNTY Carroll MARYLAND	STATE Maryland COUNTY Bal	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY (It outside corporate limits, write RURAL end give no	serest town)
X TOWN Rural- Sykesville 27Y 2M 28 D	TOWN Baltimore	3401-4
HOSPITAL OR	STREET (If rurel give locetion ADDRESS	)
15 STREET ADDRESS Springfield State Hospital	3700 East Pratt Str	eet
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month)	(Dey) (Yeer)
(Type or Print) Margaret Martha	GROSS DEATH 12	5 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,		ER 1 YEAR IF UNDER 24 HRS
Female White (Specify) single 8/	1/93 62 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired) none	Maryland	MUA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Robert Gross	Belle Clark	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Record, Springfield St	ate Hospital
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
324 IMMEDIATE CAUSE (A) Cerebral hemorrh	hage	24 hours
2017 MILETONIE CHOSE DIE TO		
DISEASES OR CONDITIONS, IF ANY, (8) cerebral arterio	oscle rosis	years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(c) Generalized a	arteriosclerosis	years
TO THE DEATH BUT NOT RELATED TO THE Englaner with month	tal deficiency	years
DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or fown) (Co	unty) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not white et work	216. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/4	, 1955, to 12/5, 1955that	I last saw the deceased
alive on 12/4 , 19.55 , and that death occurred at		
SIGNATURE	ADDRESS (Street, city, town, stete)	DATE SIGNED
Walther I Tommentelle M.D.	Sykesville, Maryland	12/5/55
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		1 1
Burial Mice 8 3 Caky Lan		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE - 12 1050 C. Starry Ollers	Jim J. Connelly	Every

A DEBUTE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF

DESCRIPTION OF STREET PROPERTY OF STREET

- The section at

4 hours after death.

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# INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

slm

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 11794 CERTIFICATE OF DEATH

			Re	g. Dist. No//
1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DE	CEASED
COUNTY Carroll	MARYLAND	STATE Marylan	d county	Allegany
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (It outside corpore OR		nd give neerest town)
Y TOWN Sykesville	ames,	Town Cumber	land	0102-2
HOSPITAL OR	1 / / / / / /	STREET	(If rural giv	
15 STREET ADDRESS Springfield State	Icetrool	ADDRESS 807 Re	dford Stre	et.
3. NAME OF (First) (A	Middle)	(Last)	4. DATE (Mon	
(Type or Print) SHANNON AM	BROSE H	HARDMAN	DEATH A	11. 11 1955
5. SEX   6. COLOR OR   7. SINGLE, MARRIE	D,   8. DATE (		AGE lest birthdey	IF UNDER 1 YEAR JIF UNDER 24 HRS.
Male White (Specify) Wide	orced, owed 4-8-	61.	07	Months Days Hours Min.
	OF BUSINESS	11. BIRTHPLACE (State or foreign	91 yrs.	12. CITIZEN OF WHAT
done during most of working life, even if OR	INDUSTRY			COUNTRY?
refired Real Estate Agent 74	ME-	Pennsylvania	A M F	U.S.A.
Levi Hardman  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16.	SOCIAL SECURITY NO.	Mary Smith		
(Yes, no, or unk.) (If Yes, give war or detes of service)	11 L			
Unk. Of	18. MEDICAL CEI	Hospital	records	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH
443 XIMMEDIATE CAUSE (A) /ez	winal	Precuos	cia.	low days
ANTECEDENT CAUSE(S) DUE TO	1	premos	0:	
DISEASES OR CONDITIONS, IF ANY, (B)	ertendi'	Ke Hears	di deac	te years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT BELATED TO THE	neurohoeie e	simple deteriora	tion	12 vr. 4
DISEASE OR CONDITION CAUSING DEATH. Seni Le.  19e. DATE OF OPERATION 19b. MAJOR FINDINGS C	OF OPERATION	TIMOTE DEPOSITORS	OLOM	20. AUTOPSY?
				YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR?	(City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. White M. et wo		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the decease	sed from 11-28	19 55 to 12-	IV 19.55	that I last saw the deceased
alive on 12-11 19.55 and	that death occurred a	7 PM from the ca	uses and on the d	late stated above
SIGNATURS /	mar dodni occurrod d	ADDRI	ESS (Street, city, town	n, slate) DATE SIGNED
a Tubizka	M.D. ST	ringfield State	Hosp. Syk	esville 12-11-55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMITTORY	LOCATION (City, town	n, or county) (State)
Burius 12-14-55	At rees	l'in	( Runber	land med
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	11/10	25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS
DATE 12-12-55 C. Harry	Weer	Louis aflein	Inc. Per	unbulouel med

ST HER SATURAL-HT LASH SO THE ATTA AND STATE CHARGE.

## FREE CERTIFICATE OF DEATH

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BUREAU V. E.

DEC 12 1822



after death.

# INSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	FDEATH		,	l 2. USUA	L RESIDENCE	(HOME) OF		No	
COUNTY	Carroll				35		0	roll	
CITY (If ou	sida corporata limits, write RU	PAI I I FNI	GTH OF STAY	CITY	(If outside corporate		11		
	ural Westm	inster "	50 year	TOWN	rura	al West	minst	er	
HOSPITAL O INSTITUTION STREET ADDR	On.	cust Stree	t	STREET ADDRES	22	locus	give location) t Str	eet	
3. NAME OF DECEASE	(First)	(Middle)		(Last)		4. DATE (		(Day)	(Y
(Type or Print	24.0		ge Hi	umbert		DEATH		4	19
Male	White	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify 10 OWE	d Oct	. 24, 1	869 8		IF UNDER	Days IF	Hours
dona during	UPATION (Give kind of work most of working life, even If	10b. KIND OF B	RY		E (Stata or foreign c			COUNTRY USA	
13. FATHER'S NA	arm Owner	Far	Ш		Run, Ma			USA	
	George Humb	pert.			Sarah (				
00	CONDITIONS DIRECTLY LEAD MEDIATE CAUSE  (A	219- HING TO DEATH	12-0084 MEDICAL CE		arence A	Lumb Llac	ert W	INTERV/ ONSET	AL BET
DISEASES OR CO GIVING RISE TO STATING UNDER	ECEDENT CAUSE(S)  DIVIDITIONS, IF ANY, (IF THE ABOVE CAUSE LYING CAUSE LAST.  (C	TO CARLE	riose	iller	osi	<b>)</b>	J	6 1	4
TO THE DEATH	CANT CONDITIONS CONTRIB BUT NOT RELATED TO THE	UTING							
19a. DATE OF OF	ERATION CAUSING DEATH.	AJOR FINDINGS OF OPE	RATION					20.	
21a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIFY	VAS UNDERLYING 21 CAUSE OF DEATH O	b. PLACE (Home, ferm, FINJURY street, office blo	factory, ig., atc.)	21c. WHERE DID	INJURY OCCUR?	City or town)	(Cour	YES _	(Sta
		r) (Hour) 21a. INJURY While M. at work	OCCURRED Not while at work	21f. HOW DID	INJURY OCCUR?				
		ded the deceased fr	om Sed	11957	2.10 1008	-4.194		last saw t	he d

11780

## CERTIFICATE OF DEATH

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INSTRUCTIONS

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11796

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECE	MASED
COUNTY Carroll	MARYLAND	STATE Marylan	d county	
CITY (If outside corporete limits, write RURAL OR end give nearest town)	LENGTH OF STAY	CITY (II outside corpo	orata limits, writa RURAL and g	ive necrest town)
X TOWNRUral - Sykesville	4 months	TOWN	Ltimore	3 VO1-4
HOSPITAL OR	14 montans	STREET	(If rural give lo	cetion)
INSTITUTION OR STREET ADDRESS	01 / -	ADDRESS		1
bringileid	State Hospital		N. Castle Str	
3. NAME OF (First) DECEASED	(Middla)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) FRANCES	DALESICKY	JECELIN	DEATH 12	4 19 55
	GLE, MARRIED, B. D. OWED, DIVORCED,	ATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
F W (Spa	cify) Widowed	10/14/75	80 yrs. Mc	onths Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) housewife	OR INDUSTRY	Cracharlaye	kia (Bohemia)	COUNTRY? USA
13. FATHER'S NAME		1 14. MOTHER'S MAIDEN		USA
Unknown		Unkr		
15. WAS DECEASED EVER IN U. S. ARMED FORCE. (Yes, no, or unk.) (If Yas, give war or dates of serv			ADDRESS	
no ho	unknow	Record,	Springfield	State Hospital
I DISEASES OR CONDITIONS DIRECTLY LEADING T	O DEATH	CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
6.44		who as		
443 X IMMEDIATE CAUSE (A)	Cerebral hemor	rnage		2 days
ANTECEDENT CAUSE(S) DUE TO	**			
CIVING DICE TO THE ABOVE CALLED	Hypertensive ca	rdiovascular dise	ase	years
STATING UNDERLYING CAUSE LAST, DUE TO	Yanana Talanda anda			
(C) ( TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	eneralized arte	rioscierosis		years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH 23	Chronic brain s	yndrome associate	d with cerebr	al
	FINDINGS OF OPERATION	With psychotic 1	eaction	20. AUTOPSY?
196. DATE OF OPERATION 198. MAJOR	FINDINGS OF OPERATION			YES NO TX
21a. ACCIDENT WAS UNDERLYING   21b. PL	ACE (Homa, farm, factory,	21c, WHERE DID INJURY OCCU	R? (City or town)	(County) (Steta)
OR CONTRIBUTING CAUSE OF DEATH OF INJU	RY street, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (H		21f. HOW DID INJURY OCCU	R?	
	M. et work at work			
22. I hereby certify that I attended	17/2	10 55 . 32/	1. 10 55	
alive on 12/4 , 19.55	, and that death occurre	ed at8:20 PM, from the	causes and on the date RESS (Street, city, town, ste	
Walthon H. Com	apprelebot.			DATE SIGNED
Manne CC. 2011	VINVI FOLLA M.D.		le, Maryland	12/25/55
23. BURIAL, CREMATION, DATE THEREOF	DOME OF CEMETER	T OK CKEMATORY	LOCATION (City, town, or	county) (State)
BURIAL 1/2-8-1	117" 011	17/66	PUPILIMO	AL MU
24. REC'D BY REGISTRAR REGISTRAR'S S	IGNATURE //	25. FUNERAL DIRECTOR'S		ADDRESS
-DATE 0 1999 (C)	terre Steers	FR.CVACH 1	ON YOUN. CH	ESTER ST.

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# CERTIFICATE OF DEATH

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	and the same	- E) - C - C - C - C - C - C - C - C - C -				
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EUKEAU V.						
		of 1,62 m				1017.00



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

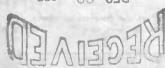
## 11797 CERTIFICATE OF DEATH

LIFU; CERTIFICATE	Reg. Dist.	No. 74
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	/
CARROLL MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporete limits, write RURAL   LENGTH OF STAY	CITY (If outside corporata limits, write RURAL and give neares	t town)
X OR rown end give neerest town) Sy Kesville (in this place)	or Town Baltimore Ci	ity 3101.4
15 INSTITUTION OR Springfield State Hosp	STREET (If rural give location) ADDRESS	V
3. NAME OF (First) (Middle)		Day) (Yaar)
(Type or Print) ROZELLA E. J	OHNS DEATH 12	25 19 55
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF WIDOWED, DIVORCED,	VIII TO THE TOTAL THE TOTA	
te W (Specify) Single 6"	30 1870 80 yrs. 5	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY.	11. BIRTHPLACE (State or foraign country) 12.	CITIZEN OF WHAT
ratired) Sch. teacher   School	Maryland	21.5, A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
Richard A. Johns	EURITH E, Las	ch
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	MOMES Blvd
[Yas, no, or unk.] (If Yas, give wer or detes of service)	Millie Register (sister) Pitt	sburgh, PA
18. MEDICAL CER	TIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DIATH MESENTERIE	Thrombosis	NOWS
ANTECEDENT CAUSE(S) DUE TO arteriodole	rosis	2.1211
DISEASES OR CONDITIONS, IF ANY, (B)		years
STATING UNDERLYING CAUSE LAST. DUE TO		
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.	rema - Paranord type	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Jan San San San San San San San San San S		YES NO
21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Homa, farm, factory, OF INJURY straat, office bidg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County)	(Stele)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While M. Of while et work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9	1936 to /2-25 , 1955, that I la	et case the deceased
	6.05AM, from the causes and on the date stated	
SIGNATURE / HAPPARA	Springfield State Hosp.	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	4501	(State)
REMOVAL (SPECIFY) 12.27-55 Sulmine	d in At	mul.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE AL	DODRESS
DATE 12-25-55 Q. Hurry Teller	Munda Morven Co 10820	1. Hall on

NTARO RO READEREM SECTIO

BUREAU V. E.

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**NSTRUCTIONS** 

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH 11798

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECEAS	ED
COUNTY Carrell	MARYLAND	STATE Maryland	COUNTYFred	erick Co.121
CITY (If outside corporete limits, write RU	RAL   LENGTH OF STAY		e limits, write RURAL and give	
OR end give neerest town) TOWN Creica exilia	(in this place)	OR TOWN Frederi	ek	11 11 3
X SAVESATTE	7 months 25 d	STREET		10-11-11
INSTITUTION OF T	d State Hospital.	ADDOCCO	(If rural give location	on)
STREET ADDRESS		30 Fran	klin St.	V
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) Bessie	Elizabeth Ke		DEATH 12	30 1955
0.00	SINGLE, MARRIED, 8. DATE OF			DER 1 YEAR IF UNDER 24 HR
Female White	WIDOWED, DIVORCED, (Specily) Widowed 10-23	-1893	62 yrs. Month	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY	Maryland		COUNTRY?
retired) Charwoman	UNKE-			U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Edward V	Villiam Peddicord	Mary Wolfe		
5. WAS DECEASED EVER IN U. S. ARMED F	ORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS Mac Flan	or Sheckles
(Yes, no, or unk.) (If Yes, give wer or detes of	of service)	0/ 5 131		
NO	1-1010		St.Frederick,	MO. (daugnter)
I DISEASES OR CONDITIONS DIRECTLY LEAD	ING TO DEATH			ONSET AND DEATH
1112V	Hypertensive cardio	-vascular dise	ase	vears
443 MIMMEDIATE CAUSE				3333
VIAIECEDEIAL CHOSE(3)	Generalized Arter	minenlamete		years
DISEASES OR CONDITIONS, IF ANY, (E	6)	T02CTE102T9		Jears
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE				
OTHER SIGNES AND CONDITIONS CONTRIB				
TO THE DEATH BUT NOT RELATED TO THE	BUTING C.B.S. associated w	with circulator,	y disturbance	two years
DISEASE OR CONDITION CAUSING DEATH,	other than cerebral as	rteriosclerosis	with psychoti	
90. DATE OF OPERATION 196. M.	AJOR FINDINGS OF OPERATION			20. AUTOPSY?
				YES NO
210. ACCIDENT WAS UNDERLYING 21 DR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	ib. PLACE (Home, ferm, fectory, FINJURY street, office bldg., etc.)	1c. WHERE DID INJURY OCCUR?	(City or town) (C	ounty) (State)
21d. TIME OF INJURY (Month) (Dey) (Yee		211. HOW DID INJURY OCCUR?		
	M. et work et work			
		10 EE . 30 '	00 40 55	
	ded the deceased from5-5			
	2, and that death occurred at.			
SIGNATURE	1.0.01	ADDR	SS (Street, city, town, stete)	DATE SIGNE
Markher H. John	MUNTULAT M.D. ST	ringfield State	e Hospital	12-30-1955
	EREOF NAME OF CEMETERY OR		LOCATION (City, town, or cou	
REMOVAL (SPECIFY)	7/56 my 10000	1 contere	2 releven	To A
13 U R V 4 L   PEGISTRAR   REGISTRA	AR'S SIGNATURE	1 25. FUNERAL DIRECTOR'S SI	7 0000000000000000000000000000000000000	ADDRESS
4. REC D BT REGISTRAK REGISTRA	IK 3 SIGNATURE	25. PUNEKAL DIKECTOR'S SI	OF DE	F M A A
DATE FILE 31. 1955 (	Harris Tiller	L.C. Cless	adden 1	to allesed mik

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## CERTIFICATE OF DEATH

STARTAGE RECEIVED	ONCED STREET SARRIES			
ISL, ST YEAR ASSESSED.	Boalward way	DIAMES.	Mosta	
	Secretary and leading of	is endman		
	112 A 112 A 7 11 A 7	*Latinon di	bleltenixus	
		A stoleriza		
	Mary hand			
	Silve Tall	March of Fiber and		
table is mersely and				
TA MILANDA POSTEROS	A President by			The State of the S
MANUAL SECTION				with the later in
Picor	nonesonab interpatives	Little Internations		
arries .	skyazalenala	Since we think the		
At a leaf prime of	in vertainerie diz	belge meast of a		
	ALS THE PARTY NO THE ST			

## BUREAU

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After this y of this

the registrar within 72 hours after death. in by the funeral director, the third con

ATTENDING MYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physiquan.

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be med with the certificate has been executed by the attending physician and concluded death certificate assembly should be detached for use as a burial transm permit.

## CERTIFICATE OF DEATH

E. 4. 9. 9	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY (MANAGE MARYLAI	ND STATE MANAGEMENTY
CITY (If outside corporete limits, write RURAL   LENGTH OF S	STAY CITY (If outside corporate limits, write RURAL end give neerest town)
OR end give negrest town)  TOWN  (In this plec	OR TOWN B. A. T. S. C. T. S. C. C. T. S. C.
- Wannasia 7/m	Mes Jallania Cun Stol-
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS / 7 / 7
STREET ADDRESS 48 SOMMITTELL UI	ve 1 12/6 M- Calvat IT V
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) SALLIE F)17AF	BETH LANE DEATH ALL ID INS
	72//
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 H
Specify) manage	Alan 15 1877 7 yrs. Months Days Hours Mi
10. USUAL OCCUPATION (Give kind of work   106. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
and lard o	At Nexmand Canally los les
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
11 Veringenda 1. Borne.	Better lovellegen
5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURI	ITY NO.   17. INFORMACNT & ADDRESS
Yes, no, or unk.) (If Yas, give wer or detes of service)	2 11 9 6/11/14
	Mrs. Crasil ochatele Wolling
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
DISEASES OF CONDITIONS DIRECTED LEADING TO DEATH	A CALL OF AND DEATH
1222 IMMEDIATE CAUSE (A)	verial regimenation of the
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	The state of the s
(C)	
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
9e. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY 7
6)	YES NO I
Tie. ACCIDENT WAS UNDERLYING     21b. PLACE (Home, ferm, fectory,	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  IF EITHER, NOTIFY MEDICAL EXAMINER)	
1d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURR	RED   21f, HOW DID INJURY OCCUR?
M. et work et wor	
M.   61 WOIL C	
22. I hereby certify that attended the deceased from	that I last saw the deceased in the saw the saw the deceased in the saw the saw the deceased in the saw the saw the deceased in the saw the sa
alive on 19 19 and that death oc	courred at
SIGNATURE O	ADDRESS (Street, city, town, state) DATE STON
T 11/100000 1/17/1 120	MAN MANNEY 184
3. BURIAL, CREMATION.   DATE THEREOF   NAME OF CE	METERY OR CREMATORY LOCATION (City; town, or county) (State
REMOVAL (SPECIFY)	1. " no. " 18 2 11 'el -
MINIAL NO. 14.5 TOLLA	um memorally millionell. Ind.
	The state of the s
4. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTHAORE, 18

## REALITICATE OF DHATH

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The bottom copy may be retained by the hospital or attending physician.

ATTENDING

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11799 CEPTIFICATE OF DEATH

	Reg. Dist. No. Z.	5
1, PLACE OF DEATH COUNTY CANALL MARYLAND	STATE WAS COUNTY CHINAL	el
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Westerliefter (in this place)	CITY (If outside corporate limits, write RURAL and give neerest town) OR TOWN Marchester	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	1
3. NAME OF DECEASED (Type or Print) ANNA - MAE-LE	18 TER SEATH DER 30	(Year) 19 55
RACE WIDOWED, DIVORCED,		UNDER 24 HRS Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired) OK INDUSTRY	11. BIRTHPLACE (State or Joraign country)  12. CITIZEN O COUNTRY	S A
13. FATHER'S NAME Charles Koernes	Seelie n Straffer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give war or dales of sarvice)  (16. SOCIAL SECURITY NO. 2/5-26-88	78 Harold & Lister-Mausles	ter Me
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVA ONSET	AL BETWEEN AND DEATH
002X IMMEDIATE CAUSE (A) Pulmor	nary Tuberculosis 2 y	rs.
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	nary Hemorrhage 5 m	inute
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. A YES	AUTOPSY?
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, factory, OR CONTRIBUT!NG   CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County)	(Stata)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Septem		he decease
alive on122.9, 195.5, and that death occurred a SIGNATURE Toward M.D.	at	TE SIGNEI
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  Sund  Date THEREOF  NAME OF CEMETERY OF  Sundend	burg Canall Co m	d (Stata)
24. REC'D BY REGISTRAR GEGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	o rul

## CERTIFICATE OF DEATH

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 11800 CERTIFICATE OF DEATH

11795 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Carroll MARYLAN	STATE Maryland COUNTY Carroll
COUNTY COLL COUNTY MARYLAN  CITY (Il outside corporete limits, write RURAL LENGTH OF S	- COSITI
OR end give neerest town) (in this place	OR OR
Town rural Westminster   life	TOWN rural Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS R 4 Gorsuch Road	STREET (if rurel give location) ADDRESS R 4 Gorsuch Road
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Elizabeth Keziah	Leister Dec. 15 1,55
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White Specify Married F	reb.18, 1885 70 yrs, Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	1 11. BIRTHPLACE (State or Jorgian country) 12. CITIZEN OF WHAT
dona during most of working life, even if retired) Housewife Own Home	Carroll County, Maryland county
13. FATHER'S NAME	
	14. MOTHER'S MAIDEN NAME
Aaron Shaffer	Mary Bankert
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURI	TY NO.   17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of servica)	Howard J. Leister Westminster, Md.
18. MEDIO	CAL CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH	ONSET AND DEATH
450, O IMMEDIATE CAUSE (A) Secretine	d arlerio selavores year
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH,	
190, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO X
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, lactory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURR	
M. While Not will at work work of work	
22. I hereby certify that I attended the deceased from	mon 15/15 msc
alive on 2 19 3 , and that death oc	curred a M. from the causes and on the date stated above.
SIGNATURE 1 S/A	ADDRESS (Street, city, town, state) DATE SIGNED
	M.D. Williamoler Mr 12/16/55
28. BURIAL, CREMATION, DATE THEREOF NAME OF CEA	METERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Dec.19,1955 Kride	er's Gemetery nr. Westminster, Md.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 12-18-JIT Harrie Mul	John R. Byers Westminster, Md.
DATE / 10 - 3 1 17 CVVIII / WI	Ma mescullister, Ma.

STATUS STATE DEPARTMENT OF HEALTH-BALLACTE TO

## HTAEG TO STADISTRACE OF DEATH

Street, Dark No.

grounds.		Toligh	150	
	3 3474570			
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hours after death. M certificate be executed within

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. The law requires that the death ATTENDING MYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

MB/slm

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 11801

I. PLACE OF BEATH		Z. COOKE KEDIDEK	(1101/12) 01 2	LCEAULD	
COUNTY Carroll	MARYLAND	STATE Marylan		Dorch	ester
CITY (If outside corporate limits, write RURAL OR end give neerest town)	(In this piece)	CITY (If outside corpor	ete limits, write RURAL e	nd give naarest tow	rn)
X TOWN Sykesville. Maryland	0 -1-	TOWN Cambr	idge		0913.2
HOSPITAL OR		STREET ADDRESS		re location)	7
1.5 STREET ADDRESS Springfield State	Hospital		each Ploss	om Street	· /
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Mor		(Yeer)
(Type or Print) THE IMA		LEWIS	OF DEATH 7	2 12	19 55
5. SEX   6. COLOR OR   7. SINGLE, MA	RRIED.   8. DATE C		. AGE last birthday	IF UNDER 1 YEAR	
RACE WIDOWED.	DIVORCED,	28-13	)12 yrs.	Months Deys	
	KIND OF BUSINESS	11. BIRTHPLACE (Stata or foreig		l 12. CITI	ZEN OF WHAT
done during most of working life, even if	OR INDUSTRY		n country;	COL	JNTRY?
retired) Housework	Home	Maryland		US	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Frank Lewis		Blanche Mu			ALLEY STATE
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS		
(Yes, no, or unk.) (If Yas, give war or dates of sarvica)	TARK	Hospital	records		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	18. MEDICAL CEI	TIFICATION			TERVAL BETWEEN
	Pulmonariz Embol			1	18 hours
	SU IMOUNTA BUILDOT	1816			III HOHES
	Heart Fibrillat	ion		11	Inlmorm
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				A	pprox.
(C)	Pulmonary Tuber			2	vears
TO THE DEATH BUT NOT RELATED TO THE	ronic brain syn	drome associate	ed with con	vul-	
DISEASE OR CONDITION CAUSING DEATH. STVE	disorder, psych	otic reaction.			30 vears
19. DATE OF OPERATION 196. MAJOR FINDING	GS OF OPERATION				2D. AUTOPSY?
OF ACCIDENT WAS UNDERLYING ET L. OIL BLACE (III	lana familiana	21c. WHERE DID INJURY OCCUR	3 (City t)	(County)	(State)
216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMNER)  216. PLACE (H OF INJURY street	ome, ferm, fectory, et, offica bldg., etc.)	ZIC, WHERE DID INJURY OCCUR	r (City or fown)	(County)	(State)
21d. TIME OF fNJURY (Month) (Day) (Yaar) (Hour)   2	Mile Not while	21f. HOW DID INJURY OCCUR	?	A CHANN	
	of work at work	FA 36		Jeg ed Plad	La Prince and
22. I hereby certify that I attended the de	ceased from 3-16	, 19. 54, to 12	2-12 , 19.55	, that I last s	aw the deceased
alive on 12-12 , 19.55 , a	nd that death occurred a	12:45PM, from the ca	uses and on the	date stated abo	ve.
, SIGNATURE	10.11		ESS (Street, city, tow		DATE SIGNED
Watther of Johnson	IND M.D.	Sylesville	harriand .		12-12-55
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR		LOCATION (City, tow		(State)
Cumal 12-15-5	5 Vienna	2) Cometer	Vienn	na m	malle of
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATU	JRE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRES	SS O
DATE 12/955 C 34	arry wew	Howard	. 74. Z	ubbor	cl
7		1110 0 71	-:01	0. 0	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 10

# HISSE CERTIFICATE OF DEATH

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BUREAU V. S.

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MARYLAND S	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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## 11802 CERTIFICATE OF DEATH

Item o, Film(Hyo 12-21-)) ec	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY CANAGE CO. MARYLAND	STATE MAINLAND COUNTY CANAL
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest lown)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
OR and give nearest town) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	TOWN Present Westing to
HOSPITAL OR	STREET (Ill rufar give location)
INSTITUTION OR STREET ADDRESS AND A	ADDRESS 4/ + # OLT
3. NAME OF (Fifst) (Middle)	(Last) 4. DATE (Month) (Dey) (Yaer)
(Type or Print) SARAH JANE MA	ANGER DEATH DEC, 14 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	18/5
T' What (Spacily) wird one Man	el 24, 1817 80 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Steta or foreign country)  12. CITIZEN OF WHAT COUNTRY?
retired most - house	Carroll Co. mad. 4:5.a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Therese marien Prown	Shiplott much
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Control of the contro
18. MEDICAL CER	TIFICATION 4. 1 0 10 0 INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TO THE TOTAL ON SET AND DEATH
400. O IMMEDIATE CAUSE WITH COLLEGE	olicheatt disease surs
ANTECEDENT CAUSE(S) DUE TO	1 - 1. On to 15 Files
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Pichologia 8.40
STATING UNDERLYING CAUSE LAST, DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY 2
	YES NO
21b. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bidg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR?
M. at work at work	\\(\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinx{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\tinx{\tint{\text{\text{\text{\text{\text{\text{\text{\tinx{\tinit}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\text{\text{\text{\text{\text{\tinit}\\ \tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\tint{\text{\text{\texi}\tint{\text{\text{\text{\text{\text{\text{\ti}\}\tittt{\texititt{\text{\text{\text{\texi}\text{\texi
22. I hereby certify that I attended the deceased from A.A.	19 to to the last saw the deceased
alive of 3, 19 5 5 and that death occurred at	N. 111
SIGNATURE +	ADDRESS (Street, city, town, stete) DATE SIGNED
YMERIAN DOMA M.D.	VICE THUM IN THE THE
23. BURIAD CREMATION, DATE THEREON NAME OF CEMETERY OR	CREMATORY LOCATION (City, fown, or county) (Safe)
Burnal her, 16.5 Presure	Cloud in Goal West ment. Mist
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 12-15-1950 Hamit puller	1- 2 mais h, West Mayster lad.

ALT SECOND STATE OF ACTION OF HEALTH - ALLE OF A TENDOSE 18

## CERTIFICATE OF DEATH

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bentification for the commission afterward the other to the forecast three continues to the contract the contract three contracts and three contract

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24 hours after death.

## CERTIFICATE OF DEATH

COUNTY Carroll CITY (If outside corporete limits, write RU OR end give neerest town)	MARYLAND	163	
		STATE MO COUNTY	
X TOWN Rural	tength of stay (in this plece) 3 yrs 2 Mo	CITY (If outside corporete fimits, write RURAL end give near OR TOWN Baltimore	est fown)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfie	ld State Hosp.	STREET (II rurel give locetion) ADDRESS 24 e. Lanvale St.	
3. NAME OF (First) DECEASED (Type or Print) Dohn T. M	ld State Hosp.  (Middle)  c Auliffe	(Lest) 4. DATE (Month) OF DEATH 12	(Dey) (Yo
M RACE	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single ?	7 18 74 81 yrs. Months	Deys Hours
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.  Marvland	CITIZEN OF WE COUNTRY?
13. FATHER'S NAME	4,500	14. MOTHER'S MAIDEN NAME	
John Donhue		Hanora Donhue	
15. WAS DECEASED EVER IN U. S. ARMED FOR STANDARD OF UNKNOWN  I DISEASES OR CONDITIONS DIRECTLY LEAD	f service) UNKNOWN	Records of Springfield	Hospi
447X IMMEDIATE CAUSE (A	Comphan Woodide	ar Accident	20 Mi
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (BE GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE	Arterioscleroti		15 Yr
II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Vascilar Diseas	68	
	AJOR FINDINGS OF OPERATION		20. AUTO
	b. PLACE (Home, farm, fectory, 2 FINJURY street, office bldg., etc.)	1c. WHERE DID INJURY OCCUR? (City or town) (Count	
21d. TIME OF INJURY (Month) (Dey) (Yeel	(Hour) 21e. INJURY OCCURRED While Not while et work et work	21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Dey) (Yeel alive on Dec. 23, 19  SIGNATURE  23. BURIAL, CREMATION, DATE TH	ded the deceased from Oct.6	11 P.M., from the causes and on the date stated	last saw the delabove.

ST REOMETIAN STATED BY ARTHURY OF REALTH-BALTIMORF IS

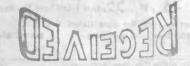
## CERTIFICATE OF DEATH

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DEC 58 1822



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PLACE OF DEATH

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

CERTIFICATE OF DEATH 11804

2 USUAL RESIDENCE (HOME) OF DECEASED

county Carroll	MARYLAND	STATE Maryland COUNTY		
CITY (II outside corporete limits, write RURAL OR end give neerest fown)	LENGTH OF STAY (in this plece)	CITY (If outside corporate limits, write RURAL and give nearest town) OR		
X TOWN Sykesville	24 years	m.m., m.t.	imore	3 VOI - 4
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rurel give )	ocation)
15 STREET ADDRESS Springfield Stat	e Hospital		Chesterfield	Avenue
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	
(Type or Print) Anna Ma	rie Me:	isel	DEATH Dec	9 19 55
5. SEX   6. COLOR OR   7. SINGLE, M	ARRIED, 8. DATE C	F BIRTH		F UNDER 1 YEAR   IF UNDER 24 HRS
Female White (Specify)	, DIVORCED, WAY 128	-1891	64 yrs. N	Months Deys Hours Min.
10e, USUAL OCCUPATION (Give kind of work done during most of working lile, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or los	eign country)	12. CITIZEN OF WHAT COUNTRY?
relired) Cigarette maker - Tark Maryland			U.S.A.	
13. FATHER'S NAME	0, 70.0	14. MOTHER'S MAIDEN	NAME	1 O.D.A.
Frank Schoenholtz	Caroline Fleishman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY, NO.	17. INFORMANT &	ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or deles of service) Hospital records				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
025 X IMMEDIATE CAUSE (A) Cerebral Vascular Accident				Minutes
	ereprat vascuta	r accident		112110000
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)  General Paresis				Years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	00110101010101010			
(C)				
TO THE DEATH BUT NOT RELATED TO THE			1 . 2 .	1
DISEASE OR CONDITION CAUSING DEATH. PSYCHOSTS WITH CEPEOPO-SPITIAL SYPPLITS				Years
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES NO X
210. ACCIDENT WAS UNDERLYING   216. PLACE (	Home, ferm, factory,	21c. WHERE DID INJURY OCC	IR? (City or town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY stre	eet, olfice bldg., etc.)		ok. (chy or lown)	(Side)
1d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?				
	While Not while et work			
22. I hereby certify that I attended the d	eceased from 9-25	. 19 31 to	12-9 19.55	that I last saw the deceased
alive on 12-9, 1955,				
SIGNATURE	and man deam occurred an		ORESS (Street, city, town,	
yertrud Somewheld M.D. &	pringfield State	Hospital, Sike	ville med.	12/9/55-
23. BURIAL, CREMATION, J DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town, o	or county) (State)
REMOVAL (SPECIFY) Burial Dec. 12. 19	955 Sacred Hear	t. Comoton	Baltimore,	Maryland
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNAT	TURE	25. FUNERAL DIRECTOR'	S SIGNATURE	ADDRES\$
DATE RUC. 10. 1955 P. Store	" Yelosal	Leonard J.	Ruck. 5305 Ha	rford Road #14
The state of the s	7.11200			

BY JANOSAYEA E-NICLASH TO THEMPER OF REALTHROWS. IS

## CERTIFICATE OF DEATH

TOTAL TELEPOOR

BUREAU V. K.

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INSTRUCTIONS

# TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING MYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital of other ding physician.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11800

#### CERTIFICATE OF DEATH 11805

Reg. Dist. No. 74

I. PEACE OF DE	A111			Z. OGOAL KLDID		LOUROLD	
	arroll	MARYL		STATE Mary	land COUNTY	Prince (	George
CITY (If outside of OR and give na	orporata limits, write RURAI arest town)	LENGTH C		OR (Il outsida cor	porata limits, write RURAL	and giva naarast tow	
D. Contract	esville		6mo. 25da	TOWN Mt.	Rainer		1616.2
HOSPITAL OR	CDITIO	122349	JAN 2 7 CLG	CTDEET	(If rural' gi	va location)	
15 INSTITUTION OR STREET ADDRESS	Springfield	State Hospi	tal	ADDRESS 321	O upsku	v st	V
3. NAME OF	(First)	(Middla)	(	Last)	4 DATE (Mo	nth) (Day)	(Year)
(Type or Print)	AMAN DA			LLER	-	.2 19	19 55
5. SEX 6.	COLOR OR 7. SI	NGLE, MARRIED, IDOWED, DIVORCED,	B. DATE OF	BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	
Female	White (S	pacify) Single	March	27, 1885	70 yrs.	Months Days	Hours Min.
10e. USUAL OCCUPATION	ON (Give kind of work	10b. KIND OF BUSINES		BIRTHPLACE (State or for		12. CITI	ZEN OF WHAT
	of working life, even if	OR INDUSTRY	200	Manueland			UNTRY?
13. FATHER'S NAME	ist			Maryland  14. MOTHER'S MAIDEN	I NIA ME	1 0,	.S.A.
	E31 - 17 - 1						
James W.				Sally Bl			
	PER IN U. S. ARMED FOR		URITY NO.	17. INFORMANT &	ADDRESS		
(Yas, no, or unk.) (If	Yas, give wer or dates of se	ervicaj		Hoenite	l records		
1			DICAL CERT		1 1000100		TERVAL BETWEEN
I DISEASES OR COND	ITIONS DIRECTLY LEADING	S TO DEATH				0	NSET AND DEATH
420.0 IMMEDIA	ATE CAUSE (A)	_Acute edem	a of lun	7			hrs.
10,000	NT CAUSE(S) DUE T			THE SHOWE	THE LABORATOR	983 1 1 1 1 1	
DISEASES OR CONDITI		Myocardial	Infarct	ion			hrs.
GIVING RISE TO THE STATING UNDERLYING	ABOVE CAUSE						
STATING CHULKETING	(C)		erotic He	eart Disease			Vrs.
II OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG		- <del></del>			
	OT RELATED TO THE	Dementia Pr	secox - 1	nebephrenic	type.		33 vr. +
190. DAJE OF OPERATI		OR FINDINGS OF OPERATIO					20. AUTOPSY?
-1						YI	ES NO
210. ACCIDENT WAS OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI	AUSE OF DEATH OF IN	PLACE (Home, farm, fector IJURY straat, offica bldg., at		. WHERE DID INJURY OCC	UR? (City or town)	(County)	(Stata)
21d. TIME OF INJURY		(Hour)   21a. INJURY OCC		. HOW DID INJURY OCC	UR?		
			work				
	488 4 4 4 1 11 1		12 70	10 55 1 3	2 70 10 55	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		the deceased from					
	.2-19, 1955	, and that death	occurred at				
Valther	H. Som	sensel of	M.D. St	vkesville. M	ORESS (Street, city, tow	vn, state)	12-20-55
23. BURIAL, CREMATIC		1 1 10	CEMETERY, OR C	EMAJORY	LOCATION (City, tow		(Stata)
Burral Berry	12/22	15st. Park	2 Heigh	to Cem lo	Brune	inck,	ma!
24 REC'D BY REGISTRA	AR REGISTRAR'S	SIGNATURE		25. FUNERAL DIRECTOR'	~ ~ / -	Merille.	55 md
DATE - U	JOD Our	or 6. dany	13	- The state of the	1		

OF SPORTLAND STRANGE OF DESIGNATION OF MEALTH-BALTIMORE, IN

THE TO SHOOT THEFT	THE WHOLE BET			
Charles Street Co.				
distribution of	The state and and			
		Samuel Market		
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	Management of the Control of the Con		JUST COL	
	The state of the state of the			
	Electric No.		HIS THOUSAND	
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	Angelogical - marketic at			
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				B-s
1 1 1 1 1 1 1 1 1			m with my wall	
101	the dealers are the second of		24-51 Sin	
25/(1)				heat .

# the registrar within 72 hours after death. After this in by the funeral director, the third copy of this TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

The law requires that the death certificate be executed within

INSTRUCTIONS

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11801

# 11806 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH		2. USUAL RESIDENCE	CE (HOME) OF DECEASI	ED
COUNTY Carroll	MARYLAND	STATE Marylan	COUNTY	
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY		te limits, write RURAL end give n	eerest town)
X rown Rural - Sykesville	(in this place) 7 days	or TOWN Baltin	mana	3 VOI-4
HOSPITAL OR	1 Lays	STREET	(If rural give location	)
INSTITUTION OR	W	ADDRESS	The sale Assessed	1
O Spiritigram 3	State Hospital	1 3745	Beech Avenue	(Dey) (Yeer)
3. NAME OF (First) DECEASED	(widdie)	(Last)	OF	(Dey) (Teel)
(Type or Print) SAMUEL	HULETT	PENNINGTON	DEATH 12	27 19 55
S. SEX 6. COLOR OR 7. SING	LE, MARRIED, 8. DATE ( DWED, DIVORCED,	OF BIRTH 9.	. AGE last birthdey IF UND Months	ER 1 YEAR   IF UNDER 24 HRS.   Deys   Hours   Min.
Male white (Spec		15/96	59 угз.	Deys Hours Min.
10e, USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired) salesman	automobile	Maryland		USA
13. FATHER'S NAME	ad John Dalas	14. MOTHER'S MAIDEN N.		VOA
Too D Ponnington		Tamaina	M. Hulett	
Lee R. Pennington  15. WAS DECEASED EVER IN U. S. ARMED FORCES	? I 16. SOCIAL SECURITY NO.	17. INFORMANT & AL		
(Yes, no, or unk.) (If Yes, give wer or detes of service	ce)			
No	536-10-3993		oringfield Stat	e Hospital
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	18. MEDICAL CE	RIFICATION		ONSET AND DEATH
540. / IMMEDIATE CAUSE (A) _	Irreversible Sho	ck		hours
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) _	perforated gastr	ic ulcer		l day
STATING UNDERLYING CAUSE LAST. DUE TO				
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	<b>20</b>			
TO THE DEATH BUT NOT RELATED TO THE	onitonic brazin by			1 month
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION   19b. MAJOR	due to cerebra	larterioselere	sisais	20. AUTOPSY?
		and hells would		YES NO Y
216. ACCIDENT WAS UNDERLYING   216. PLA	ted gastric ulcer ACE (Home, ferm, factory, RY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	(City or town) (Co	unity) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJUF	RY street, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Ho	While Not while	21f. HOW DID INJURY OCCUR		
	M. et work et work	r'r' 301	00/ 44	
22. I hereby certify that I attended the				
alive on12/27, 1955	, and that death occurred a			
SIGNATURE ALLO	20,11,1	ADDR	ESS (Street, city, town, state)	DATE SIGNED
Juliay VIU arest	M.D.		e, Maryland	12/27/55
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town, or coun	nty) (Stete)
Cremation 12/29/1	955 Loudon Park	Cemeterv	Baltimore, Md	
24. REC'D BY REGISTRAR REGISTRAR'S SI		25. FUNERAL DIRECTOR'S S	IGNATURE	- ADDKESS
DATE C 28 1955 C. 21	arry Herry	Ellsworth Arm	acost -4600 Lib	erty Hghts Ave

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BUREAU V. S.

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MARGIN RESERVED FOR BINDING

VS. A15-10-53

#### 11807 CERTIFICATE OF DEATH

Reg. Dist. No. 78

11802

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTY PROPERTY MARYLAND	STATE MAL COUNTY	arroll
CITY (If outside corporate limits, write RURAL LENGTH OF STA		and give nearest town
OR and give nearest town (in this place)	OR TOWN Their field	
" warring gare	- www.	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location	en)
3. NAME OF (First), (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Edgar & L	isket DEATH: ALC.	14 1955
5. SEX: 6. COLOR OF 7. SINGLE, MARRIED, RACE: (Specify): (Specify):	9. AGE last birthday IF UNDER Months YES.	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	IY. BIRTHPLACE (State or foreign country):   12	
Reven if retired):	md	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	4.5,17.
Twen JV. Picket	anna Haines	
18. WAS DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs Bertha Lighest - West	risel A. 6.
18. MEDICAL CERTIFIC	ATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
154X		2.44 1
IMMEDIATE CAUSE (A)	10 Carcinama Time	ST MMJ48
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B) Column	excessions of recture	1+4000.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		7. / Сил и
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		A
19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATI	ION	
a change assis one	de recture	YES NO 1
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory. 21c. WHERE DID (City or town) (Con	unty) (State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURR	ED   21F. HOW DID INJURY OCCUR?	
OF INJURY  While Not while at work		
22. I hereby certify that I attended the deceased from	54 , 19 , to 14 Dec. , 1955, that I la	ast saw the deceased
alive on 12 Dec., 1953, and that death occurred a	at 4.30AM, from the causes and on the dat	e stated above.
coll. Laur my	M.D. 24 Clsorile - Md. 1	4 Vec. 1953
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMER PROVAL (SPECIFY)	ETERY OR CRUMATORY LOCATION (City, town,	or county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS

RECEIVED

DEC 58 1822

BUREAU V. S.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11803

# 11808 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DE	ECEASED	
COUNTY Carroll	MARYLAND		rland county		
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY		rporete limits, write RURAL ar	nd give neerest town	
OR ond give neerest town Town Sykesville, Maryland	3yrs. 9mos.	OR TOWN	Saltimore City	7	3101.4
HOSPITAL OR		STREET	(If rurel giv	a location)	
5 STREET ADDRESS Coming Field Charles	77	ADDRESS	221. 10	A	1
Shringi iato pra			114 Fernhill		- A
3. NAME OF (First) DECEASED (Type or Print)	(Middle)	(Last)	4. DATE (Mon	th) (Day)	(Yaer) 19 55
in man		ndell	•		
S. SEX 6. COLOR OR 7. SINGLE, MA WIDOWED,		OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS. Hours 1 Min.
		9-22-1875	80° yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or Id	preign country)		N OF WHAT
done during most of working life, even if	OR INDUSTRY		17 27 .1		TRY?
retired) Howoterfe	1677	Ogdensbu	rg, New York	Ua	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME		
John Farley			Fanny Hounie	el	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	01	
(Yas, no, or unk.) (If Yes, give wer or dates of service)	- Efoliales	- 14021	utal The	ords	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CER	TIFICATION		INT	ERVAL BETWEEN SET AND DEATH
110-					Ol. home
470X IMMEDIATE CAUSE (A)	Lobar pn	eumonia			24 hrs.
ANTECEDENT CAUSE(S) DUE TO	01	1141			
DISEASES OR CONDITIONS, IF ANY, (B)	Unronic	myocarditis			10 yrs
STATING UNDERLYING CAUSE LAST. DUE TO					
(C)	Gen'l. a	rterioscleros	15		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
190. DATE OF OPERATION   196. MAJOR FINDING	S OF OPERATION			2	O. AUTOPSY?
0				YES	□ NO 🔀
	ome, ferm, lactory, at, office bldg., etc.)	21c. WHERE DID INJURY OC	CUR? (City or town)	(County)	(Stete)
	1e. INJURY OCCURRED	21f. HOW DID INJURY OC	CUR?		
	Vhila Not while twork twork				
22. I hereby certify that I attended the de-		1052	12-21- 10 55	that I last sa	w the decented
alive on 12-21- , 19 55 , a	nd that death occurred at				
SIGNATURE	1		DRESS (Street, city, low		DATE SIGNED
III II Masim Min	M.D. Sp	LINGITETO 2fa	te Hosp. Syke	SALTIE,	12-23-55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	n, of county)	(Steta)
Burial 1727/55	- Loudon O		Baltin	ine	me
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATU	JRE ,	25. FUNERAL DIRECTOR	'S SIGNATURE	ADDRES:	NOS.
DATE BUL. 24. 1953 C. HOLE	galeer	Tur Cooks	ne. 121724	Taul H.	Bello, M

AVARYLAND STATE DIFFERENCES OF HEALTH-RALTIMORE, IL

# CERTIFICATE OF DEATH

	FAD THE THE PROPERTY OF	CEL DENALE IN			
	- rolled - North-R		TO THE AREA		
			All the state of t	testere, o	
		THE STATE OF			
	and historical line		The same	outside the filliped	H. 21
	SI HAME	Traffic			
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		S 2 mm			
	NEW YORK COMME				
	Int and the state			- telfat N	
				A THE STREET	
		I to the second	nimma		
		inines banks	le de la companya de		
T IV					



1 hours after death.

ATTENDING AYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within. The bottom copy may be retained by the hospital or attending physician. **NSTRUCTIONS** 

TO ATTENDING

VS A15C 1-55 10M

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 11809 CERTIFICATE OF DEATH

11804

1. PLACE OF DEATH	AND MARKET THE REAL PROPERTY.	2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
COUNTY Carrell	MARYLAND	STATE Maryla		Howard	
CITY (II outside corporate limits, writa RURAL OR and give nearast town)	LENGTH OF STAY (in this place)	CITY (If outside corpora	ete limits, write RURAL e	end give nearest to	own)
X TOWN Sykesville	3mos. 29days	TOWAL	sa dena.		13x.2
HOSPITAL OR		STREET		ve location)	
15 INSTITUTION OR STREET ADDRESS Springfield Stat	e Hospital	ADDRESS	oute 5 B	ox 205	<b>-</b>
3. NAME OF (First) (	Middle)	(Last)	4. DATE (Mo	nth) (De	y) (Yaer)
(Type or Print) Evelyn		idgely	DEATH	12 11	17 22
S. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DLY	ORCED	And the second s	. AGE last birthday	IF UNDER 1 YE	
	arried 11-1	17-1877	78 yrs.	Months Da	ys Hours Min.
		11. BIRTHPLACE (State or foreig	n country)		TIZEN OF WHAT
done during most of working lile, even if OR retired) N <sub>11</sub> rse	INDUSTRY A DE	Pasadena, Mo			OUNTRY?
13. FATHER'S NAME	117076	14. MOTHER'S MAIDEN N			, , , , , , , , , , , , , , , , , , ,
Humphrey Dorsey		Kathe	rine Riggs		
	SOCIAL SECURITY NO.	17. INFORMANT & AI	DDRESS		
(Yes, no, or unk.) (If Yas, give war or dates of service)	1 solo	Hosp	oital recor	ds	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CERT	TIFICATION			INTERVAL BETWEEN ONSET AND DEATH
420. / IMMEDIATE CAUSE (A)	Coronary T	Chrombosis			Suddenly
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B)	neralized arte	riosclerosis			
GIVING RISE TO THE ABOVE CAUSE DUE TO					
(C)	Hypert	tension			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			REE ELANG		
DISEASE OR CONDITION CAUSING DEATH.					
190. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION				20. AUTOPSY? YES NO K
218. ACCIDENT WAS UNDERLYING   21b. PLACE (Home		c. WHERE DID INJURY OCCUR	(City or town)	(County)	· (Stata)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	ffice bldg., etc.)	QE 40. 95 to			
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. While		If. HOW DID INJURY OCCUR	?	35 514	431 34 D G-1
	rk et work				
22. I hereby certify that I attended the decea	sed from 11-12-	, 19. 55 , to 12-	-13- 19 55	, that I last	saw the deceased
alive on12-13, 1955, and	that death occurred at	1:00 AM, from the ca	uses and on the	date stated al	oove.
SIGNATURE M. N. Mastin, M.	D.	ADDR	ESS (Streat, city, tow	rn, stete)	DATE SIGNED
M. M Mastin		ringfield State	Hosp., Sy	kesvill	12-14-55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, tow	n, or county	(Stete)
Bureal 12-19-53	Wakas	rove	Meneroo	d . 4	recent ma
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S S	IGNATURE	ADDE	RESS
DATE TOLE. 16,1955 C. 740	my teleer	sutteen A. 7	wight 0	Leghan	ille, ms

BY SECURITAR-STRAIN TO THEMT SANTO STATE ONALY TAM

# MTAIG TO STADRITUDE

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BUREAU V. S.

337 0% 030 BOENAE months, was the first sound workers that while your in the

A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11806

Wasti, H.

#### CERTIFICATE OF DEATH 11810

				R	eg. Dist.	No	.7.4
1. PLACE OF DEATH		2. USUAL	RESIDENC	E (HOME) OF D	ECEASED	•	_
county Carroll	MARYLAND	STATE	Marylan	d county		1	Gen.
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this piece)	CITY (If		limits, write RURAL e	nd giva naer	est town)	
X TOWN Henryton 1		das. TOWN	Deanwo	od Park		1	16x-2
HOSPITAL OR INSTITUTION OR		STREET		(If rural giv	re location)		
STREET ADDRESS Henryton State Ho	spital	ADDRESS		4th Street	t		V
3. NAME OF (First) (A	Aiddle)	(Lasi)		4. DATE (Mor	ith)	(Dey)	(Yeer)
(Type or Print) Joseph	R	obinson	W-573	DEATH	12	16	1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO	DECED 8. DATE	OF BIRTH	9.	AGE lest birthdey	IF UNDER		IF UNDER 24 H
Male Colored (Specify)Marr		-1892		63 yrs.	Months	Days	Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR I	OF BUSINESS	11. BIRTHPLACE	(State or foreign	country)	12.		N OF WHAT
Collistruction Work	TOOSIKI	Green	wood. S.	Carolina		COUN	JKT?
13. FATHER'S NAME			R'S MAIDEN NA				
Walter S. Robinson			Alice H	477			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16.	SOCIAL SECURITY NO.	17. INF	ORMANT & ADD	RESS			
(Yes, no, or unk.) (If Yes, give war or detes of service)	Unknown		Decease	a			
	18. MEDICAL CE	RTIFICATION	Decease	<u>u</u>			RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						ONS	SET AND DEATH
	t Failure						
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Live	r damage						
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	1 damago						
(c) Pulm	onary tubero	ulosis,	far adva	nced			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSING DEATH.							
196. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION						AUTOPSY?
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa,	farm, factory,	21c. WHERE DID II	NJURY OCCUR?	(City or town)	(Count		(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off	lice bldg., etc.)						(4.4)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21s. I Whila	NJURY OCCURRED Not while	21f. HOW DID II	NJURY OCCUR?				
M. et wor	k et work						
22. I hereby certify that I attended the deceas	ed from June	7, 19.5.4	., to Dec.	16. 19.55	, that i	last sav	w the deceas
alive on Dec. 16, 19.55. and	that death occurred a	19:50P.M.	from the cau	ses and on the	date stated	dabove	e.
SIGNATURE TO A A A				SS (Street, city, tow			DATE SIGNE
1.1.1KHal	M.D.		Henry	ton, Md.		1	2-16-55
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY O	CREMATORY	937	LOCATION (City, tow	-0		(State)
1/2/1/1/35				las m	Hen		1). (.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 11	11 1 0 0 .	DIRECTOR'S SIG			ADDRESS	
DATE 12-16-55 (albert 66, x	Junaphan	217.S.U	asher	rollen 4	I ams y	16 /	NSt.n

MARYLAND STAYS DEPARTMENT OF NEALTH-HALLSMORE, 18

# CERTIFICATE OF DEATH

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DEC ST 1902

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The second second

H.S. Washington Son 467 NSt. N.W.

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

11807

11771			Reg	g. Dist. No	) (2.
1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DE	CEASED	**
- 18 Phi		M-	^		
	MARYLAND ENGTH OF STAY	CITY (If outside corpore	COUNTY	MROLL	_
OR end give nearest town)	(In this plece)	OR .	te limits, write RURAL end	give neerest town)	
TOWN WESTMINSTER	62 YAS	TOWN WEST	MINSTE	R	27
HOSPITAL OR		STREET	(If rurel give	location)	Sind I
INSTITUTION OR H3 F MAIN		ADDRESS 1 2 E	· Mi	m 1	/
3. NAME OF (First) (Midd		(Lest)			
DECEASED \ / A	- A D	(Lest)	4. DATE (Month)	(Dey)	(Year)
(Type or Print) VOLA AGN	ESML	PPERT	DEATH D	EC. 3	1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCE	8: DATE O	F BIRTH 9.			F UNDER 24 HI
E MAPPENDIE	D Jul	1 98 1892	1- 2 yrs.	Months Days	Hours   Min
IDe. USUAL OCCUPATION (Give kind of work 10b, KIND OF	BUSINESS	11. BIRTHPIACE (State or foreign	10~	I I2. CITIZEN	OF WHAT
done during most of working life, even if OR INDL		5.4		COUNTR	
deliged's EWIFE		MD.		USA	
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
TICHARD ARNOLD		IL AURA	TANNE	R	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? .   16. SO	CIAL SECURITY NO.	1 17. INFORMANT & AL	DRESS	5 000 - 1	
(Yes, po, or unk.) (If Yes, give wer or detes of service)	18.197	2 1	10 43	11-1	~
NO 1001	10-17/8	JOSERH	ALTUPPE	RTWAN	minsly
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION	. 17		AL BETWEEN
592 X IMMEDIATE CAUSE (A) Chr	ouce U	"alumbay!	Wast Des	cas 19	45
ANTECEDENT CAUSE(S) DUE TO	,	-, . //	,		
DISEASES OR CONDITIONS, IF ANY, (B)	ler len	2000 7 Oh	rouis-		
GIVING RISE TO THE ABOVE CAUSE DUE TO		1		1.6	1,-1
(c)	entre	us		10	-15-4
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1				
DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDINGS OF O	PERATION				AUTOPSY?
ACCIDENT WAS UNDEDIVING THE OLD OF BLACK OF		A AND THE REAL PROPERTY OF THE PARTY OF THE		YES	NO [_
TIE. ACCIDENT WAS UNDERLYING   OF CONTRIBUTING  CAUSE OF DEATH  OF INJURY street, office  OF INJURY street, office	m, fectory, bldg., etc.)	1c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(State)
		21f. HOW DID INJURY OCCUR			
M, While et work	Not while at work				
22. I hereby certify that I attended the deceased alive on, and that SIGNATURE	t death occurred at	Miss M, from the ca		te stated above.	the decease
23. BURIAL, CREMATION,   DATE THEREOF   N	AME OF CEMETERY OR	COLLATORY	mone	Mente	40/
23. BURIAL, CREMATION, DATE THEREOF N REMOVAL (SPECIFY)	AME OF CEMETERY OR	CKEMATORY	LOCATION (City, town,	or county)	(Stete)
DURIAL 12-7-1955)	T.UBHNS 6	EMETERY	LUESTM.	INSTER	Me
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	0	25. FUNERAL DIRECTOR'S SE	IGNATURE	ADDRESS	
12-2-111. +1	201/2	IL BANITARD	1500.24/-	t tul 't ales	to a M

CERTIFICATE OF DEATH

Reg. Det. Me.

BUREAU V. S.

DEC 8 JBEE

#### MARYLAND STATE DEPARTMENT OF HEALTH

11811

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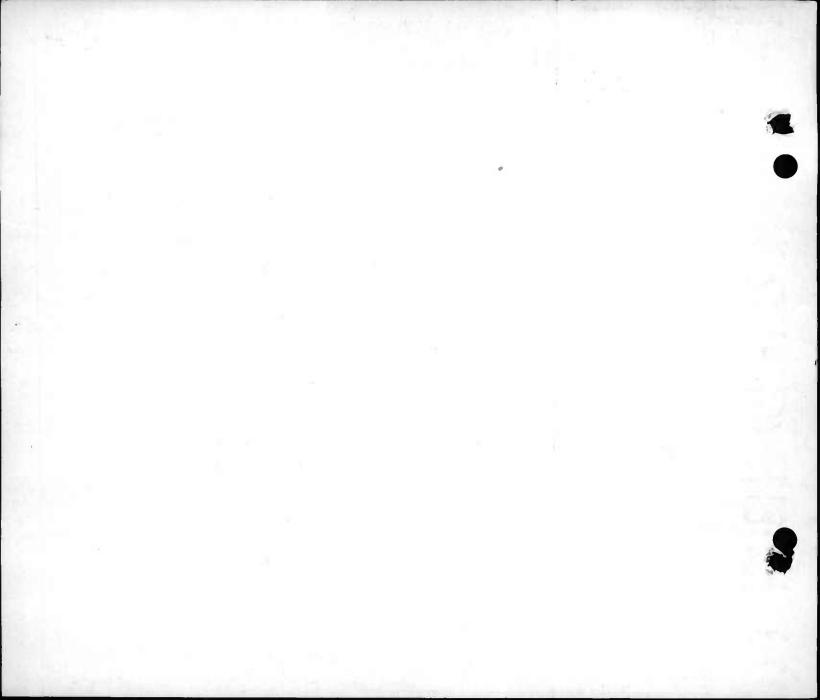
MARGIN RESERVED FOR BINDING

PLEASE WRITE

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County CARROLL Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town C A B E R MD (If outside city or town limits, write RURAL and give nearest town)	State MARYLAND County CARROLL
(If outside city or town limits, write RURAL and give nearest town)	City or town GAMBER 11D. (If outside city or town ifmits, write RURAL and give nearest town)
How long In above piace of death?	(If outside city or town limits, write RURAL and give nearest town)
HOSPITAL, INSTITUTION, OF STREET Address where death occurred.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
JOHN WILBERT	L. SCHARFE. 9
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH DECEMBER 23, 1955 at 7 2
6.(b) Name of husband or wife EMILY J. SCHARFE	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19.55 to 23 flee 19.55
7. Birth date of	and that I last saw h. CMA alive on 23 Mec. 55
deceased (mo., day, yr.) JUHE 9, 1006	Immediate cause of death Candrac arrest. DURATION
8. AGE: Years Months Days if less than one day	Bron chiel primming: 2 months
69min	as Kima, arterior cluste Leat
8. Birthpiace MARYLAND. (Cown, county, and atate)	Due to Alexand
(flown, county, and atate)	43.0.0
1D. Usual occupation RETIRED MACHINIST	Due to
11. Industry or business BLACK + DECKER	
E 12. Name HERMAN SCHAREE	Dther conditions
13. Birthplace MARYLAND.	(Include pregnancy within 3 months of death)
14. Maiden name ALICE H. SIPPLE  15. Birthplace MARYLAND	Major findings of uperations.
15. Birthplace MARYLAND	Major hadings of operations.  Date of on.
FULLY AT SCHOPEF	+
/	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address GAMBER, MD.	22. VIOLENCE: It death was due to external causes, till in the following:
17. Bursal Bate thereof Dec 26 1953 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory PROVIDENCE	Where did injury occur?
Location GAMBER MD	Injured at home, tarm, Industry, public place (where?)
That I & American	Means of Injury Injured at work?
22.6 8 4	2/ 1/ 10
Address 3818 Koland Teve	23. SIGNATURE Howard E. Hall
19 Dec. 24 1955 R. W.	M. D. or other
(Date rec'd by/registrar) Registra	Address Schenolle, mt Date signed 23 let 35



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 11312

# CERTIFICATE OF DEATH

R	eg. D	ist. No	•	26	3
OF D	ECEAS	BED			-
UNTY URAL	A I	nearest toy	vn)	_	
	TE			X	
ural giv	a locatio	on)		1	
(Mor	th)	(Day)		(Year	r)
H /	2 .	-12	. ~	19 =	55
day	IF UN	DER 1 YEAR	R IF	JNDER :	24 HRS.
yrs.	Month	Deys		Hours	Min.
	1874		UNTRY	?	AT
		U.	5, 1	3	
LE	7	7 E . (	2 H I	Be	. н <b>S</b> A
Ti	78	EDE	718	4,1	MD.
-				AND DE	- Pour
0		7	Bul'	tice u	ulls

4 51 14 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	12 CLR 1111	CATE OF DEAT	Reg. Dist. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE	HOME) OF DECEASED
COUNTY UAR RO		YLAND STATE D.	COUNTY CAPIOLL
CITY (If outside corporete lie OR and give neerest town		OF STAY CITY (If outside corporate lin	nits, write RURAL and give nearest town)
X TOWNPUPAL W	FSTMINSTER 8	CYNZ TOWOTHPALMES	STMINSTER X
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural giva location)
STREET ADDRESS R. C	>. 6	R.D.	6
3. NAME OF DECEASED	(First) (Middle)	(Last) 4	
(Type or Print)	ILL LIREBY	SCHERER	DEATH 17 -12 - 5
5. SEX 6. COLOR C	OR 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AC	GE last birthday   IF UNDER 1 YEAR   IF UNDER 24
M RACE	WIDOWED, DIVORCED,	1-7-1870 8	Months   Deys   Hours   A
10a. USUAL OCCUPATION (Give	kind of work 10b, KIND OF BUSIN	NESS 1-11. BIRTHPLACE (State or foreign cou	nity)   12. CITIZEN OF WHAT
dona during most of working	life, even if OR INDUSTRY	1715	COUNTRY?
13. FATHER'S NAME	<b>ア</b> 度尺	1112	U.S.A.
DINIE	2 - 11 + 8 = -	14. MOTHER'S MAIDEN NAME	1
DAMIEL.	DEHFILFIS	TAMELIAN	HITLET
15. WAS DECEASED EVER IN U.  (Yes, no, pr vink.)   (If Yes, give v	S. ARMED FORCES? 16. SOCIAL S wer or detes of service)	ECURITY NO. 17. INFORMANT & ADDRES	5 27 E. CHURCI
NO	MONE	ELLAZ FAH	IRNET IFREDERICK. N
I DISEASES OR CONDITIONS DI	RECTLY LEADING TO DEATH	EDICAL CERTIFICATION	INTERVAL BETWEE
	(1)	The The	ten ten men
IMMEDIATE CAUSI		reery forward	or the state of
DISEASES OR CONDITIONS, IF	101	& Dalluttie Ca	rdid 10 400
	CAUSE	010	100
GIVING RISE TO THE ABOVE O	(C) Kleen	ilabreas (	
GIVING RISE TO THE ABOVE OF	INIC CONTRIBUTING		
STATING UNDERLYING CAUSE  11 OTHER SIGNIFICANT CONDITION			
GIVING RISE TO THE ABOVE OF STATING UNDERLYING CAUSE  11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUS	TED TO THE SING DEATH.		
GIVING RISE TO THE ABOVE OF STATING UNDERLYING CAUSE  IT OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUS	TED TO THE	ION	20. AUTOPSY?
GIVING RISE TO THE ABOVE OF STATING UNDERLYING CAUSE  II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUS  190. DATE OF OPERATION	TED TO THE SING DEATH		YES NO
GIVING RISE TO THE ABOVE OF STATING UNDERLYING CAUSE  II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUS  19. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF E	TED TO THE  SING DEATH.  19b. MAJOR FINDINGS OF OPERAT  NG   21b. PLACE (Home, ferm, fac DEATH   OF INJURY street, office bidg.,	tory.   21c. WHERE DID INJURY OCCUR? (Ci	YES NO
GIVING RISE TO THE ABOVE OF STATING UNDERLYING CAUSE  11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATEDISEASE OR CONDITION CAUSE  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  210. ACCIDENT WAS UNDERLYING  211. ACCIDENT WAS UNDERLYING  212. ACCIDENT WAS UNDERLYING  213. ACCIDENT WAS UNDERLYING  214. ACCIDENT WAS UNDERLYING  215. ACCIDENT WAS UNDERLYING  216. ACCIDENT WAS UNDERLYING  217. ACCIDENT WAS UNDERLYING  218. ACCIDENT WAS UNDERLYING  219. ACCIDENT WAS UNDE	TED TO THE SING DEATH.  19b. MAJOR FINDINGS OF OPERAT  NG	tory, 21c. WHERE DID INJURY OCCUR? (Ci etc.)  CCURRED 21f. HOW DID INJURY OCCUR?	YES NO
GIVING RISE TO THE ABOVE OF STATING UNDERLYING CAUSE  II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATIONS  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF INFERENCE OF CONTRIBUTING CAUSE OF INFERENCE OF THE EITHER, NOTIFY MEDICAL EXAM	TED TO THE SING DEATH.  19b. MAJOR FINDINGS OF OPERAT  NG	tory, 21c. WHERE DID INJURY OCCUR? (Ci	YES NO
GIVING RISE TO THE ABOVE OF STATING UNDERLYING CAUSE  11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUS  19. DATE OF OPERATION  21. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF EITHER, NOTIFY MEDICAL EXAM 21d. TIME OF INJURY (Month)	TED TO THE SING DEATH.  19b. MAJOR FINDINGS OF OPERAT  NG	tory, etc.)  21c. WHERE DID INJURY OCCUR? (Ci etc.)  CCURRED 21f. HOW DID INJURY OCCUR?  Not while at work	ty or town) (County) (State)
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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11813 CERTIFICATE OF DEATH

Reg.	Dist.	No. 74
		/

alive onDec	1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECE	ASED
OR end give nearest town)  FOWN STATE OR STREET ADDRESS  SPRING (I rate give location)  HOSPITAL OR STREET ADDRESS  SPRING (I rate give location)  HOSPITAL OR STREET ADDRESS  SPRING (I rate give location)  HOSPITAL OR STREET ADDRESS  SPRING (I rate give location)  ADDRESS  SPRING (I rate give location)  ADDRESS  SPRING (I rate give location)  (I rate)  DEATH Dec. 17  19 55  SEX  6. COLOR OR 7. SINGLE, MARRED, WINDOWND, DIVOKCO, BYONG CO. 18 0. DATE OF BIRTH  10 . USUAL OCCUPATION (cive bind of work denies and of work define define)  MY (I rate)  MY (I rate)  MY (I rate)  SPRING (I rate)  SPRING (I rate)  FOR ARCE (State or foreign country)  WILLIAM (I Rate)  MANDE DEATH Dec. 17  19 55  SEX  6. COLOR OR 7. SINGLE, MARRED, NOV. 1863  MOV. 1863  SPRING (I rate)  Month Deys (I ra	COUNTY Carroll	MARYLAND	STATE Md	COUNTY	(Mary every seek
TOWN   Sylesville   10 mo   TOWN   Baltimore City   3				te limits, write RURAL end giv	re neerest town)
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State   Address   Springfield State   Hospital   2307   Aisquith St.   V	HOSPITAL OR	1 10 110	STREET	(If rurel give loce	
3. NAME OF   (First)   (Middle)   (Lest)   4. DATE (Month)   (Day)   (Yest)   DEATH DOC. 17   19.55   5. SEX   6. COLOR OR   (Month)   (Middle)   (Lest)   (Middle)   (Lest)   (Middle)   (Midle)   (Middle)   (Midle)   (Midle)   (Midle)   (Middle)   (Middle)   (Midle)	/ CANDER ADDRESS	Vocated		Aigabith St	V
Second Color or   Second Col		(Middle)			
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dose during most of working life, even if relified store owner cigar store Delaware, U.S.A.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? Tos., no, or unit.) (I) Yes, give war or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  17. INFORMANT & ADDRESS  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  10. INTERVAL BETWEEN ONSET AND DEATH  10. INTERVAL BETWEEN ONSET AND DEATH  11. MATTER SIGNIFICANT CONDITIONS, IF ANY, (B) generalized arteriosclerosis  19. MEDICAL CERTIFICATION  19. DISEASES OR CONDITIONS, IF ANY, (B) generalized arteriosclerosis  19. MEDICAL CERTIFICATION  19. DISEASES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION LOURING DEATH.  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  21. ACCIDENT WAS UNDERLYING CAUSED OF INJURY MEDICAL EXAMINER)  22. I hereby certify that I attended the deceased from Aug. 2, 19. 55, to. Dec		IND OF BUSINESS	11. BIRTHPLACE (State or foreign	/ Sea	I 12. CITIZEN OF WHAT
Jacob Schiller    Jacob Schiller	done during most of working life, even if	OR INDUSTRY	Wilmington		COUNTRY?
Jacob Schiller  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  TOPE, no. or unk.]  18. MEDICAL CERTIFICATION  19. MARCIDENT CAUSE(S)  DUE TO  SINNER RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  10 THE PLATE TO THE ABOVE CAUSE  TO THE PLATE TO THE ABOVE CAUSE  TO THE PLATE TO THE ABOVE CAUSE  TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OF CONDITION CAUSING DEATH.  DISEASE OF CONDITION COURTED WITH CAUSING DEATH.  DISEASE OF CONDITION OF CAUSING DEATH.  DISEASE OF CONDITIO	store owner   C	igar store	Delaware.	U.S.A.	U.S.A.
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West, no, or unk.]   (ii) Yes, give war or dales of service)   220 07 70124   Records of Springfield State Hospanial   1 Diseases or conditions directly leading to death   10 Medical Certification   10 Medica					
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21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)   21e. INJURY OCCURRED While et work   et	DISEASE OR CONDITION CAUSING DEATH. PS.Y		nile brain dise	ase n	
216. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While et work   et work   et work   et work   19.55, to Dec. 17, 19.55, that I last saw the deceased alive on Dec. 17, 19.55, and that death occurred at 10:18M, from the causes and on the date stated above.  SIGNATURE Martin ross, M.D. Sykesville, Md. Dec. 18, 1955  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stete)	196 DATE OF OPERATION 196, MAJOR FINDING	S OF OPERATION			
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) While et work et work 1 et work 1 attended the deceased from Aug. 2	21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Ho	me, farm, factory, 1 2	1c. WHERE DID INJURY OCCUR?	(City or town)	
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M. et work et work	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21-		211. HOW DID INJURY OCCUR?		
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alive onDec	22. I hereby cartify that I attended the dec	eased from Ang. 2	19 55 to Dec.	77 19 55 1	nat I last saw the deceased
SIGNATURE Martin cross, M.D. M.D. Sykesville, Md. Dec. 18, 1955  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stele)					
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23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stote)	martin Town	71. / 1	Sykesyil	le. Md.	Dec. 18, 1955
REMOVAL (SPECIFY)					
111111 11-11-05 11 hell 1111 11 11 11 11	REMOVAL (SPECIFY)	- Presele	1	Bunt	41 2.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATUR	E	25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS
DATE DUC. 181955 C. Sterry 71 Leen Al Spending Long. World and Broaders			. 12		

INSTRUCTIONS

TO ATTENDING THYSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

MARYLAND STATE DRASTMENT OF HEALTH-BALTMONE IT

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24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11811

11814 CE	CIIFICATE	OF I	JEA	I M	eg. Dis	t. No		
1. PLACE OF DEATH		2. USUAL	RESIDENC	E (HOME) OF D	ECEASE	D		
COUNTY Carroll	MARYLAND	STATE	Maryla	nd county				
CITY (If outside corporete limits, write RURAL OR end give neerest town)	LENGTH OF STAY (in this place)	CITY (if o	utside corporet	e limits, writa RURAL a	ind give ne	erest town)		
X TOWN Rural - Sykesville	5Y, 1M, 12 da	y -	Baltim				31/	11:4
HOSPITAL OR INSTITUTION OR		STREET ADDRESS			ve location)			
13 STREET ADDRESS Springfield State	Mospital (Middle)		301 S	outh Monro				1
3. NAME OF (First) DECEASED		(Last)	91.00	OF DEATH		(Day)	(Yeer	
(Type or Print) Albert  5. SEX   6. COLOR OR   7. SINGLE, MA	George RRIED.   B. DATE OF	SEITLER		AGE lest birthday	12 I IF UNDE	L	IF UNDER	4
5. SEX 6. COLOR OR 7. SINGLE, MA WIDOWED, (Specify)	DIVORCED,	9/04	٧.		Months	Deys	Hours	Min.
14414		11. BIRTHPLACE (S	State or foreign		1	2. CITIZE	N OF WHA	T
done during most of working life, evan if retired) Helpepin shipping der	OR INDUSTRY	Mary				COUN	TRY?	
13. FATHER'S NAME	o. actitores		S MAIDEN NA	ME		USA	1	
Ieo Seitler			Rehec	ca Cromwel	7			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFO	RMANT & AD					
(Yas, no, or upk.) (If Yes, give wer or detes of service)		Recor	d. Spr	ingfield S	tate	Hospi	tal	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CER		u, opa.		00.00	INTE	RVAL BETW	
no.						ONS	EI AND DE	AIII
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DISEASES OR CONDITIONS, IF ANY, (B)							- 4	
GIVING RISE TO THE ABOVE CAUSE DUE TO								
(C)	olostomy perform	200				7 .	reeks	
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196. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION						. AUTOPS	_
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OR CONTRIBUTING CAUSE OF DEATH OF INJURY stree (IF EITHER, NOTIFY MEDICAL EXAMINER)	t, office bldg., etc.)	c. WHERE DID INJ		(City or fown)	(Cou	nty;	(Stete)	
	1e. INJURY OCCURRED 2 /hile Not while	If. HOW DID INJ	URY OCCUR?					
	work et work		0.0.40					
22. I hereby certify that I attended the dec	ceased from10/20	, 1955.,	to 12/1		, that I	last sav	v the dec	eased
alive on 12/1 , 1955 , al	nd that death occurred at	O.: LOAM, fr	om the cau	ises and on the	date state	ad above	e. DATE SIG	ENED
Walther of Jonney	selel SM.D.	S		lleo Marvl		12	/1/55	
23 BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY		LOCATION (City, tow	n, or coun	y)	(SI	toto)
Quese 12/6/53	- Jacred.	Neon	4	/ Lenn	ww	VX	ue	KA
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	RE A	25. FUNERAL D	DIRECTOR'S SIG	GNATURE	,	ADDRESS	,	

THE PROMITIAS HISARING OF PRAIRIES OF STATE OF ALVIANCES IS

# CERTIFICATE OF DEATH

A DEC 1

4 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 11815 CERTIFICATE OF DEATH

12556

12000

Reg. Dist. No.

	I. PEACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
	COUNTY CARROLL MARYLAND	STATE MID. COUNTY CARS	POLL
	CITY (If outside corporate limits write PLIPA)   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give ne	erast town)
	OR and give nearest town) AMPSTEAN (in this place)	OR R. O. II A	- 1
	X TOWN TUPAL HAMPING IEAU	TOWN DURAL HAMPSTE	AD X
	HOSPITAL OR	STREET (If rural give location	
	INSTITUTION OR R.D.	ADDRESS 13	
	30 STACE ADDRESS 11 1-	1.0.	
н	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Dey) (Year)
	(Type or Print) MIRRAY RITTER	ACI DEATH 12	70 FF
		nu-	20 1955
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF RACE WIDOWED, DIVORCED,		R 1 YEAR IF UNDER 24 HRS.
	(Spacify)	1885 7 A Months	Days Hours Min.
	II W WOOWSD /-/-	1 0 0 yrs.	
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even If OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
7	O retind) E & PAAC P	PA.	41 5 4
Н	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	034.
	MASS - CIAAI	14. MOTHER'S MAIDEN NAME	
	MANTIN L. JLAGLE	not Enorum	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
	(Yearny, or unk.) (If Yas, give war or dates of service) -226-18-1593	The Total	1 1
		Marin L. Slaga Hamberte	ad ind
ш	16. MEDICAL CERT	TIFICATION	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	7/1	ONSET AND DEATH
	UPO IMMEDIATE CAUSE (A)	e chimming	1/2, 4/1.
	1	1.1 , 10	72
	ATTRECEDENT CAOSE(S)	1 Teres solumes	COM
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	0,777,0	
	STATING UNDERLYING CAUSE LAST. DUE TO		
	(C)	, .	
	TO THE R SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	in any Il interns	10 8/11
	DISEASE OR CONDITION CAUSING DEATH.	sers very state and the	1741
ш	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
			YES NO A
	21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, factory,	1c. WHERE DID INJURY OCCUR? (City or lown) (Con	unty) (State)
į	OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., atc.)	tes white sis moon occor, (ch) or lown)	21177 (31616)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	W. HOW AIR BURNING CORNER	
	21d. TIME OF INJURY (Month) (Day) (Yaar) (Hout) 21e. INJURY OCCURRED While Not while	216. HOW DID INJURY OCCUR?	
	M. at work at work	1000	
	22. I hereby certify that I attended the deceased from MU. A	10 11 10 1 11 11 LA 106/2 Has	I last so the decision
	22. I neredy certify that I alterided the deceased from 1.	, 19, 19, 19, that	l last saw the deceased
	alive on, 19 and that death occurred at.		ed above.
10 A	SIGNATURE	ADDRESS (Street, city, foyn, state)	DATE SIGNED
	m.C. Janes Tulk M.D.	Attendo teled mil	12/24/11
1-55	23. BURIAL, CREMATION,   DATE THEREDE   NAME OF CEMETERY OR	CREMATORY   LOCATION (City/town, of coun	(W) (Cata)
	REMOVAL (SPECIFY)	n = C	(olaie)
A15C	DURIAL 112 DE 1903 1111 DE	PSUEM. WESTMING	TER. MD
VS	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	L 25 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
-	1-1-CV 11. 5 1 24 X	1/3 / /Am /1/ + -	- 10-1
	DATE / TONG / MILLEN	Vankara Ton Welmine	der und.

MARYLAND STATE DEPARTMENT OF HEALTH-BALHMORE, IS

# MEST CERTIFICATE OF DEATH

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11812

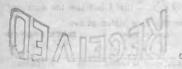
1. PLACE OF	DEATH		2. USUAL RESIDE	NCE (HOME) OF DEC	EASED
COUNTY Ca:	rroll	MARYLAND	STATE Maryl		
CITY (II outs OR end giv	ide corporate limits, write RURA: ve neerest town)	L LENGTH OF STAY (in this place)	OR	orete limits, write RURAL end g	42 4
HOSPITAL OR	Rural - Syke	sville since 7-13-5	5 TOWN Balt	imore City	3V01-
15 STREET ADDRE	-	State Hospital	ADDRESS 19	E. Centre Stre	
3. NAME OF DECEASED (Type or Print)	George	(Middle) Washington —	(Last) SPANGLE	4. DATE (Month) OF DEATH	(Dey) (
5. SEX male	RACE	INGLE, MARRIED, VIDOWED, DIVORCED, Specify)divorced Jul	of BIRTH y 9, 1882		Onths Deys Hou
10e. USUAL OCCU done during n retired) pr	PATION (Give kind of work nost of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY printing	11. BIRTHPLACE (State or for Pennsylvania		12. CITIZEN OF V COUNTRY? United S
13. FATHER'S NAM	AE		14. MOTHER'S MAIDEN	NAME	
James S			unknown t		
	D EVER IN U. S. ARMED FOR		17. INFORMANT &		
(Yes, no, or unk.) unknown		Uniciowii 18. MEDICAL CE		f Springfield	State Hosp:
			A - 1 / 1 /	1111111111	ONSET AND
	CEDENT CAUSE(S) DUE T NDITIONS, IF ANY, (B) THE ABOVE CAUSE VING CAUSE LAST.	· R. HEMIPLES			POR 2 Je
DISEASES OR CO GIVING RISE TO STATING UNDERLI 11 OTHER SIGNIFIC TO THE DEATH E	CEDENT CAUSE(S)  NDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST.  ANT CONDITIONS CONTRIBUTION  OF THE CAUSE LAST.  (C)  ANT CONDITIONS CONTRIBUTION  OF THE CAUSE LAST.  (B)	° MARENEL			POR 2 Je
DISEASES OR CO GIVING RISE TO STATING UNDERLI II OTHER SIGNIFIC TO THE DEATH I	CEDENT CAUSE(S) DUE TO NOTIONS, IF ANY, (B) THE ABOVE CAUSE OUE TO (C) ANT CONDITIONS CONTRIBUTION CAUSING DEATH.	DIABETES,			PILA- 2 de Vear Vear 120. Auto
ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLY  II OTHER SIGNIFIC TO THE DEATH I DISEASE OR CO  19e. DATE OF OPE  21e. ACCIDENT W OR CONTRIBUTING	CEDENT CAUSE(S)  NDITIONS, IF ANY, THE ABOVE CAUSE VING CAUSE LAST.  (C)  ANT CONDITIONS CONTRIBUT SOUTH NOT RELATED TO THE NDITION CAUSING DEATH.  RATION  AS UNDERLYING   21b.  CAUSE OF DEATH OF IN	DIABETES,  NG CHRONIC BRAIN  NITH ARTER		NE AUSOCIA.	PILE Year
ANTE DISEASES OR CO GIVING RISE TO STATING UNDERLY  I OTHER SIGNIFIC TO THE DEATH E DISEASE OR CO  19°, DATE OF OPE  21°. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	CEDENT CAUSE(S) DUE T NDITIONS, IF ANY, (B) THE ABOVE CAUSE VING CAUSE LAST. DUE T (C) ANT CONDITIONS CONTRIBUTI SUT NOT RELATED TO THE NOTITION CAUSING DEATH. RATION 195. MAJO	DIABETES, ING CHPONIC BRAIN OR FINDINGS OF OPERATION  PLACE (Home, ferm, factory, NJURY street affice bidg., etc.)	NIYNDRON 10 CCLERON	JR? (City or town)	Plus - 2 de Veux Veux - 20. Auto Yes -

MARYLENG STATE ORPARTMENT OF MALTIN-BALTIMORE, IS

# TIME CERTIFICATE OF DEATH

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1. PLACE OF DEATH

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED

# CERTIFICATE OF DEATH

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With His	ificate has been executed by the attending physician and completely filled in by the funeral director, the third copy	i.
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ING PHYSICIAN OR HOSPITAL: The law requires that copy may be retained by the hospital or attending physician.

COUNTY Carroll STATE Mary land COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) (If outsida corporata limits, writa RURAL LENGTH OF STAY and give neerest town) (in this pleca) TOWN Rural - Sykesville TOWN Baltimore davs HOSPITAL OR STREET (If rural giva location) INSTITUTION OR ADDRESS STREET ADDRESS Springfield State Hospital West 24th Street 4. DATE (Month) NAME OF (Middle) (Last) (Day) (Year) DECEASED (Type or Print) DEATH CHARLES MILTON SPRING 55 19 6. COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR LIF UNDER 24 HRS RACE WIDOWED, DIVORCED, Months (Specify) White Married YES. 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT COUNTRY? done during most of working life, even if OR INDUSTRY U.S. A. Maryland Watchman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yas, give wer or dates of service) Record. Springfield State Hospital 18. MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 24 hours Cerebral Hemorrhage IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) Generalized arteriosclerosis vears DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic brain syndrome associated with cerebral TO THE DEATH BUT NOT RELATED TO THE several years DISEASE OR CONDITION CAUSING DEATH. arteriosclerosis, with nevenotic reaction 19b. MAJOR FINDINGS OF OPERATION 19e. DATE OF OPERATION 20. AUTOPSY? YES | NO X 21a. ACCIDENT WAS UNDERLYING 21c. WHERE DID INJURY OCCUR? (City or town) (Stata) 21b. PLACE (Homa, farm, factory, (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work at work 22. I hereby certify that I attended the deceased from 12/2 ....., 19.....55....., and that death occurred at 9:25.P.M, from the causes and on the date stated above ADDRESS (Streat, city, town, stete) DATE SIGNED Sykesville. Maryland 12/14/55 M.D. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIEY) Gert Ge REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR DATE

MAS LAND STATE BEPARTMENT OF SEASTIL-PARTHOUS, IS

# 1517 CERTIFICATE OF DEATH

SERVICE TO COMMUNICATION AND SERVICE AND SERVICES AND SER		
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#### MARYLAND STATE DEPARTMENT OF HEALTH

11818

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

. Dist. No. 80

5	FOR MEDICAL EXAMINERS Reg. Dist.	No. 80
n carefully. The and legibly.	1. PLACE OF DEATH- COUNTY  MARYLAND  CITY (If outside corporate limits, write RURAL and OR TOWN)  HOSPITAL OR INSTITUTION OR STREET ADDRESS  1. PLACE OF DEATH- MARYLAND  MARYLAND  LENGTH OF STAY (in this place) (in this place)  STREET ADDRESS  2. USUAL RESIDENCE (HOME) OF DECEASED- STATE  CITY (If outside corporate limits, write RURAL and OR TOWN)  STREET ADDRESS  (If rural, give location)	give nearest town)
Supply every item of information carefully. write the causes of death clearly and legibly.	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) OF DECEASED (Typa or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 7. Single, Married, Month (Specify) 7. Single, Married, Mo	(Day) (Year)  1953  er 1 year   If undar 24 hrs.  by Days   Hours   Min.  12. CITIZEN OF WHAT COUNTRY?
INK. please	(Yes, no, or unknown) (If yes, give war or dates of 2/7-/2-/464  Is. MEDICAL CERTIFICATION  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) June Later Would J Abdonuce  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause iast	INTERVAL BETWEEN ONBET AND DEATH MILITARY.
PLAINLY, WITH UNFADING especially important. Physicians:	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street OF CAUSE OF DEATH.  OF office bidg. etc. OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF OF A CONTRIBUTION INJURY OCCURRED While at Not while	20. AUTOPSY?  Yes No B
PLEASE WRITE PLAINLY is especially	22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry of thereon an obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in m from: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE	y opinion resulted  DATE SIGNED  12/13/17-

The correct age

M

MARGIN RESERVED FOR BINDING

DEC 19 1955
BUREAU V. S.

VS. A15

2411 N. Charles Street, Baltimore

11815

11819

# CERTIFICATE OF DEATH

Reg. Dist. No. 7/

1. PLACE OF DEAT	н•		2. USUAL RESIDENCE (H		
COUNTY Cari	roll	MARYLAND	STATE	COL	Carroll
CITY (If and ide a	composeto limite muito DIID.	AL and   LENGTH OF STAY (in this place)	CITY (If outside corpora	te limits, write RURAL ar	d give nearest town)
X TOWN give nearest	rizzleburg	(in this place)	TOWN Frizzle	burg	X
HOSPITAL OR INSTITUTION OF			STREET ADDRESS	(If rural, give location	
STREET ADDRE	SS		ADDIESS		a '
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Margaret.	Savilla	Stevenson	DEATH Dec.	9. 1955 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,		9. AGE last birthday   If u	nder 1 year  If under 24 hrs.
F	W	(Specify) Widow	July 13. 1882	73 yrs. Mo	nths. Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT
	corking life, even if retired)	Industry Own home	Maryland		COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	V. S.
	Augustus Uterm	ahlen	Annie Wantz		
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
(1es, no, or unknown)	(If year, give war or dates of service)	none	Mr.s Louise Nyg	ren, Frizzlebu	rg, Md.
1		te Medical of	PETERCATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RIFICATION		INTERVAL BETWEEN ONSET AND DEATH
11110 X		Courte Cardi	1 201.1		104
1 Immediat	te cause (a)	Cellel carac	ac preman	780	18 WW
Anteceder	nt cause(s)				A TOP OF THE REAL PROPERTY.
	a. (	Cardin Renal la	as enter Dise	940	4- Mess
giving rise t	conditions, if any, (b)	Marin Walter Sold of Sold Contract to a special and a second sold sold sold sold sold sold sold sol		***************************************	······································
	(c)	······································			
II. OTHER SIGNIF	ICANT CONDITIONS uting to the death but not				
	ase or condition causing deat				
19a. DATE OF OPE	RATION 196. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUR	ITY) (STATE)
HOMICIDE	INJU	INJURY OCCURRED	HOW DID WILLDY OCC	W.D.	
TIME (Month)		While at Not While	HOW DID INJURY OCC	UKI	~
INJURY	m.	Work At work	1		
22. I hereby cert	ify that I attended the	e deceased from the f-	, 1951, to DEC. 9	, 1955, that I la	st saw the deceased
alive on DE	e 8 - 1955 an	d that death occurred at	THE Am from the	causes and on the dat	a stated above
SIGNATURE		(Degree or title)	ADDRESS from the	causes and on the dat	DATE SIGNED
Koli A	2. R. Fait	TMD. A	les trains	D. M	A.
23. BURIAL, CREM		NAME OF CEMETE	RY OR CREMATORY   L	OCATION (City, town, or	county) (State)
REMOVAL (Spec	city) Dec. 17.	1955 Pleasant Va	lley Cemetery		()
DATE REC'D BY			24. FUNERAL DIRECTOR		ADDRESS
REG. 12/16	marga	11 To makes	C.O.Fuss & Son,	Tanevtown, Ma	rvland
- 114		and the state	Joseph & Dolls	zanej oo iiri iila	2 / 2

BUREAU V. S.

ARREST AND STATE DEPARTMENT OF HEALTH SALTIMORE, TO

# CERTIFICATE OF DEATH

Rock Pints No.

BUREAU V. S

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JOHN W STRAWSBURG FLICABETH HARRIS

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### MARYLAND STATE DEPARTMENT OF HEALTH

11822

### CERTIFICATE OF DEATH

			7	7
Reg.	Dist.	No	./	./

	FOR MEDICAL	EXAMINERS	Reg. Dist	. No/
1. PLACE OF DEATH- COUNTY	MARYLAND	2. USUAL RESIDENCE ()	COU	INTY —
CITY (If outside corporete limits, write RURAL e OR TOWN	nd LENGTH OF STAY (In this plece)	OR TOWN 1921	ete limita, write, RURAL an	ve 3/01-1
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS Da	Kill ore	n)
3. NAME OF DECEASED (Type or Print)	Drown	Tawney	4. DATE (Month) OF DEATH	. V 19VV
temale White	SINGLE, MARRIED, VIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	yrs.	nths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10	b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	<i>(</i>	12. CITIZEN OF WHAT
13. FATHER'S NAME / grence Wes/	ey Brown	Desse S	ee Henry 4	4915
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no, or unknown) (If yes, give war or detea of service)	6. Social Security No.	Masson Curx	is-Reisten	stown & Ha
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEA	Shot Su	n Wound		Instant
Antecedent cause(s) Discesses or conditions, if eny, giving rise to the above ceuse stating the underlying cause last	ech ( 2	formuile		(nove)
(e)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the deeth but not releted to the disease or condition cousing deeth.				
19a. DATE OF OPERATION   19b. MAJOR FINE	DINGS OF OPERATION			20. AUTOPSY?
21 FYTEDNAL CAUSE WAS 1 PLACE.	(Home, farm, factory, street,	(CITY OR	TOWN) (COU	Yes No Z
	ffice bldg., etc.)	Hammi	tead Com	all Md.
TIME (Month) (Dey) (Year) (Hour) IN	JURY OCCURRED hile et Not while ork  et work	HOW DID INJURY OF	CUR?	
22. I certify that I took charge of the remains obtained by said Aulopsy, Inspection or In	equiry, find that said dece	eased died on the any state	Inquiry thereon and above, and death in	and from the evidence my opinion resulted
from: natural causes [], accident [], sIGNATURE	suicide [], homicide [], (Degree or title)	undetermined	1 /6 3 1 1 7	DATE SIGNED
WIN. Fround	M.P.	Manche	ster ud	12/5/55
23. BURNAL CREMATION DATE THEREOF REMOVAL (Specify)	NAME OF CEMETE		BOCATION/(City, town, or	onty Md.
DATE REC'D BY LOCAL REGISTRAR'S SIG	Kell	24 FUNERAL DIRECTO	in Hamps	teach Id.

DECEIVED SO

### MARYLAND STATE DEPARTMENT OF HEALTH

11823

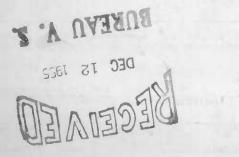
### CERTIFICATE OF DEATH

			7	7
Reg.	Dist.	No	./	/

	FOR MEDICAL	EXAMINERS	Reg. I	Dist. No//
1. PLACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE STATE WALL	(HOME) OF DECEASE	COUNTY
CITY (If outside corporate limits, write RURA OR give pearest town) TOWN	L and LENGTH OF STAY (in his place)	OR TOWN	pate limits, write RURAI	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS 2//	7 Bolton	ation)
3. NAME OF (First) DECEASED (Type or Print)	(Middle)	Taylor	4. DATE (Mor OF DEATH	oth) (Day) (Year)
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATEJOF BIRTH  1 - 900 (0 - 190	9. AGE last birthday  5-4 yrs.	If under 1 year   If under 24 hrs   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. FIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME Taylor		Mae W	il dasin	
15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes. no, or unknown) (If yes, give war or dates of service)		Juest Hurker	estine, New	Fruelow Pa
1	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY I	LEADING TO DEATH	/ / /		ONSET AND DEATH
Immediate cause (a)	Shot Gun	e Wour	rd .	none
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	of healt	( Suicio	le)	(Instant)
(c) II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death				
	INDINGS OF OPERATION			20. AUTOPSY?
1)				Yes 🗆 No 🖸
PRIMARY FOR CONTRIBUTING OF CAUSE OF BEATH.		Hann	stead Car	voll (STATE)
	INJURY OCCURRED While at Not while work at work	HOW DID INJURAY	self in	flicted
22. I certify that I took charge of the remaind obtained by said Autopsy, Inspection or from: natural causes , accident .	Inquiry, find that said dece , suicide [ , homicide ],	ased died on the day sta undetermined [].	Inquiry thereo	in my opinion resulted
SIGNATURE IN TO THE STATE OF TH	(Degree or title)	ADDRESS	14.1	12/5/55
23. BURFAL, CREMATION DATE THEREO  DEMOVAL (Specify)  12-8-5	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town	
DATE REC'D BY LOCAL REGISTRAR'S S	SIGNATURE SIGNATURE	FUNERAL DIRECT	FOR Hay Li	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age



MARGEN RESERVED FOR BINDING

VS. A15

### CERTIFICATE OF DEATH

88	MARILAND STATE DEF	PARTMENT OF HEALTH	110-11
		Street, Baltimore	
correct	11824 CERTIFICAT	TE OF DEATH	04 02
8	CERTIFICAT	TE OF DEATH Reg. Dist. N	082-83
The	I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY CArroll MARYLAND	STATE Maryland Count	
本六	CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
결혼	X TOWN HUND - MT. HINY 4 WO. 19 days	TOWN Rurel - Mt. Airy	X
legar	HOSPITAL OR INSTITUTION OR David	ADDRESS (If rural, give location)	V
Supply every item of information carefully, write the causes of death clearly and legibly.	STREET ADDRESS Parrsville	11 Rove 4 - Parri	
atic ly	3. NAME OF (First) (Middle) DECEASED (Type or Print) JOAnne.	(Last) 4. DATE (Month)	(Day) (Year)
ear	(Type or Print)  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	Thomas DEATH December 8. DATE OF BIRTH 9. AGE last hirthday II under	20 1955
nfo h cl	Femole Colored WIDOWED, DIVORCED, (Specify)	Months.	Days Hours Min.
of i	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BICTHPLACE (State or foreign country)   1	2. CITIZEN OF WHAT
fd	done during most of working life, even if retired) INDUSTRY	Maryland	COUNTRY?
ite.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
n as	Melvin Dewitt Myers	Ada Mae thomas	
ca	15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If year, give war or dates of	17. INFORMANT AND ADDRESS	A A (
the	No -   service)	Mrs. Hda Mae Thomas,	Mt. Airy, Md.
pp	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
ase	57/ Immediate cause (a) Acute Gastro e	exteritis of andstermined	4 days
WITH UNFADING INK. mportant. Physicians: please	A A . 2 A	exteritis of Andstermined etiology	
 	The state of the s	09	
Z E	Diseases or conditions, if any, (b)	00000000000000000000000000000000000000	
Si C	giving rise to the above cause stating the underlying cause last		
Pby	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	**************************************	
57.	related to the disease or condition causing death.		
HE	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
T F	21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	Yes No M
N I	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITTOR TOWN) (COUNTY)	(STATE)
4.5	TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
Z is	OF While at Not While INJURY m. Work At work		
WRITE PLAINLY, WITH U	Death	action December to	
PL	22. I hereby certify that I attended the deceased from Decemb	, 19.3.3., to De Can De (19.53), that I last s	aw the deceased
回"	alive on Dec. 19, 1900, and that death occurred at	P.m., from the causes and on the date st	ated above.
	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
₩.	lub Culwell m.D.	metaling med	Dec 20, 1955
		RY OR-CREMATORY   LOCATION (City, town, or count	
AS	REMOVAL (Specify) 12-22-1955 SIMPSON	Chapel Howard Co-	ma.
PLEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
P.	Old, 22, 1955 Novert Nikewill.	16.11. Walls, wur Tield	· Md
	108535141416	0	



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Supply every item of information carefully. The correct 11295

### CERTIFICATE OF DEATH

11020	Reg. Dist.	No. /J
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	1-00
COUNTY  CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give prest town)  TOWN  TOWN  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Feelow	STREET (If rural give location)	1
	(Last) (A DATE (Month) (Day) OF DEATH: Occ. 21	19 55
Hemalo white (Specify) Harries Com	OF BIRTH:  9. AGE last birthday: If UNDER 1 YE.  76 yrs. Months Day	ys Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	rud	OUNTRY?
13. FATHER'S NAME: Henry of Menner	14. MOTHER'S MADEN NAME:	re
15 WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service) 219-05-64674	a. Carlon Tracy Linels	o, med.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Out TO  Antecedent causes (s) Diseases or conditions, if any, (b)		Interval Between Onset And Death
giving rise to the above cause atating the underlying cause last.  (b)  DUE TO	e Heart Frailure	Zuhs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (ST	PATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   While at Not While   INJURY   At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from and 25 alive on Per 21, 1955, and that death occurred at 6 SIGNATURE (Degree or title)	. 10 PM from the causes and on the date s	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 12/24/55 Fax ares References	RY OR CREMATORY   LOCATION (City, town, or cou	nty) (State)
	24. FUNERAL DIRECTOR Por Gleville	ADDRESS

MARGIN RESERVED FOR BINDING

UNFADING INK.

PLEASE WRITE PLAINLY, WITH

### DEC SS 1922 DECEINED

BUREAU V. Z.

INSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 11826 CERTIFICATE OF DEATH

Reg.	Dist.	No
1103.	-134	

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Carroll	MARYLAND	STATE Marylan	d county		
		CITY (If outside corporet	te limits, write RURAL and give near	est town)	
CITY (If outside corporete limits, write RURAL OR and give nearest town) TOWN TOURAL — Sykesvil	Lle since 8-30-26	OR TOWN Baltim	ore City	3V01-4	
HOSPITAL OR		STREET	(If rural give location)		
15 INSTITUTION OR Springfield	State Hospital	ADDRESS unkno	wn	V	
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)	
(Type or Print) Justi	- Tu	HOMEN	DEATH Decemb	per 3 19 55	
DACE WID	GLE, MARRIED, 8. DATE OF	F BIRTH 9.	AGE fast birthday   IF UNDER		
male white (Spe	city) widower unknown	own	64 7 Months	Deys Hours Min.	
10e. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT	
dona during most of working life, even if retired)	OR INDUSTRY	Finland	T	COUNTRY? Finland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		IIIIaiia	
unknown		Ida Tuho	men		
15. WAS DECEASED EVER IN U. S. ARMED FORCES	S?   16. SOCIAL SECURITY NO.	17. INFORMANT & AD		VIII III III III	
(Yes, no, of unk.) (If Yes, give wer or detas of serv	unknown	Poponds of	Springfield Stat	- Hospital	
NO 7	18. MEDICAL CER		obt.TilstTeTa _ rai	INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING T				ONSET AND DEATH	
HON IMMEDIATE CAUSE (A)	Lobar pneumonia			4-5 days	
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B)	Gash (1996) Gash				
STATING UNDERLYING CAUSE LAST. DUE TO	man again direct				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3				
TO THE DEATH BUT NOT RELATED TO THE	Hebephrenic schiz	zo phrenia	more	than 29 yrs.	
	FINDINGS OF OPERATION			20. AUTOPSY?	
0	Tests 0.00 FEE			YES NO 1	
	ACE (Home, ferm, fectory, 2 JRY street, office bldg., etc.)	1c. WHERE DID INJURY OCCUR?	(City or town) (Coun	ty) (Stete)	
		211. HOW DID INJURY OCCUR?			
and the time	M. at work Not while	-			
22. I hereby certify that I attended	the deceased from Sept. Is	t, 19 47., to Dec	2nd, 19.55, that I	last saw the deceased	
alive on Dec. 2nd 19 55	and that death occurred at	10:30 R. from the car	uses and on the date state	d above.	
SIGNATURE		ADDKI	100000, 000, 10000,	DATE DIGITED	
nachi bom.	m. D. Martin Gr	coss, M. D. Sy	kesville, Md.	12/5/55	
23. BURIAL, CREMATION DATE THEREON	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or county)	(State)	
REMOVAL (SPECIFY)	1.00 UORM. M	ED SCHOOL	ERFENE (		
24. REC'D BY REGISTRAR REGISTRAR'S		25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS	
DATE Stee 8 19.67	Harry Mer	Little ,	Beno 1860 E	LONY BADOS	
			11000	- COUNTY	

### CERTIFICATE OF DEATH

	ANGRY A.			
4.00				
			4 E257 A2 A	
		To Zalliano 7	el fayit	
			16.0	4541
to the second				
n ines ikuli Nasa si kana kana kana kana				
		A15.23(0)# 2		The second second
				THE RICE AND ADDRESS OF THE PARTY OF T
	Inesting			
			The Assessment	Para Salar

BUREAU V. S.

8 550

### CERTIFICATE OF DEATH

FOR	MEDICAL EXAMINE	ERS Reg. Dist.	No. 80
CITY (If outside corporate limits, write RURAL and LENC	YLAND STATE Ma	ENCE (HOME) OF DECEASED COUNTY AND COUNTY AN	give nearest town)
3. NAME OF (First) (Middle DECEASED) (Type or Print) PAUL BROV		4. DATE (Month) OF DEATH	(Day) (Year) 25 19-5
5. SEX    6. COLOR OR RACE   7. SINGLE, M WIDOWED, (Specify)	ARRIED, 8. DATE OF BIR		ier 1 year   If under 24 hr
10a. USUAL OCCUPATION (five kind of work done during most of working his every if retired)  13. FATHER'S NAME	BUSINESS OR II. BIRTHPLACE  ALL  14. MOTHER'S A	E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL S (Yes, no, or unknown) (If yes, give war or dates of service)  NON	SCURITY NO. 17. INFORMANT	and address man Condon Me.	us II) · Kyri
	MEDICAL CERTIFICATION	mun common re	w ornaer
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO			INTERVAL BETWEE
921.0 Immediate cause (a) Suffeeth	m - Capiraled of		munt
Antecedent cause(s) Diseases or conditions, if any, giving rise to the show cause stating the underlying cause last	iva arteris selvasie	C.V liesse	yem
U. OTHER SIGNIFICANT CONDITIONS			1
Conditions contributing to the death but not related to the disease or condition causing death.			
19a, DATE OF OPERATION   19b. MAJOR FINDINGS OF	PERATION		20. AUTOPSY?
U			Yes 🗆 No ځ
21. EXTERNAL CAUSE WAS PRIMARY  OR CONTRIBUTING  OF Office bldg,, et INJURY		TY OR TOWN) (COUN'	ry) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCC	URRED HOW DID INJU	. /	
22. I certify that I took charge of the remains described a obtained by said Autopsy, Inspection or Inquiry, find from: natural causes , accident , suicide	bove, held an Autopsy , Inspectitude said deceased died on the deceased died on the deceased died on the deceased died on the deceased or title)  ADDRESS  OF CEMETERY OR CREMATO	lay stated above, and death in n	DATE SIGNED
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE/	be Greek	TRECTOR (Arroll	· ADDRESS
REG. Me. 24 (Program Service)		1218 Soup - New Ules	udaces Mid

The correct age

BENDING

BUREAU V. S.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and complement falled death certificate assembly should be detached for use as a burial thinsit permit.

VS A15C 1-55 10M 2

# ATTENDING MYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician

### 11779 CEDTIEICATE OF

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11824

12.816 CLAIIII	CAIL	OF DLA	Reg. Di	st. No. 76
1. PLACE OF DEATH	1	2. USUAL RESIDENCE	E (HOME) OF DECEAS	ED
COUNTY Cannoll MARY	LAND	STATE MAL	COUNTY (1)	eserle.
	OF STAY		limits, write RURAL and give t	neerest town)
OR end give nearest town) (in thi	s plece)	OR TOWN 4//	A 9	2
LI alesanimies py	Service _	Will	sominal	0 21
HOSPITAL OR INSTITUTION OR	,	STREET ADDRESS	(If ruref give location	n)
STREET ADDRESS Carroll County H	once	(arrot	1 Co. 440	me
3. NAME OF (First) (Myddle)	- / (1	Lost)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Marshall	Wei	trel 1	DEATH DEC	. 5 1955
5. SEX  6. CÓLÓR/OR  7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF B	BIRTH 9.		DER 1 YEAR IF UNDER 24 HRS.
Male White (Specity) Welacoce	A max.	1.1875	80 yrs. Months	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY)	ESS 11.	BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
matically of a second	2	mal		THE A
13. FATHER'S NAME	leve	14. MOTHER'S MAIDEN NA	ARE	of Soft
The shirt Tileton	1	-1. 1	nown)	
HUNERIAN WANNE	FOUNDAY NO			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	ECUKIT NO.	17. INFORMANT & ADD	WE33	. 10 .
(105, 10, 01 dik.) (11 165, give well of deless of service)	me-	mes Whin	en) Allenia	- Woodbow
	EDICAL CERTI	FICATION	)	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A	.,	1)	ONSET AND DEATH
1450. / IMMEDIATE CAUSE (A) Estas	ustin	m		Progeessing
ANTECEDENT CAUSE(S) DUE TO	- 0			7.7
DISEASES OR CONDITIONS, IF ANY, (8)	o sele	no Su		Many Tes
STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			11 14	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	9. care	mexaco in	· Last	12000
19e. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATI	ON		7664	20. AUTOPSY?
176. MAJOR THURSTON	M W			YES NO
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fect OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bldg/	ory, 21c.	WHERE DID INJURY OCCUR?	(City or town) (C	ounty) (Stete)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		•		
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OC	CURRED 21f.	. HOW DID INJURY OCCUR?	,	
	et work		X	
22. I hereby certify that I attended the deceased from.	110:30	, 1949 , to 12-	5, 1955., that	I last saw the deceased
alive on 12 - 4 1955 and that deat	h occurred at 2	15 P. M. from the cau	ses and on the date sta	ated above.
SIGNATURE		ADDRE	SS (Street, city, town, stete)	DATE SIGNED
THE A WE	M.D.	11/2 -	ma.ct.	12.5.55
23. BURIAL, CREMATION, PATE THEREOF NAME O	M.D. OF CEMETERY OR -CAN	wearmy	LOCATION (City, town, or cou	nty) (Stete)
REMOVAL (SPECIFY)	CEMETER! ON CAN	1	1. 01	
Burlal 12-8-55 194	andlink	Luce 1	Trutt 14	uroll mi
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	1	25 FUNERAL DIRECTOR'S SIG	SNATURE /	ADDRESS'
DATE 17-8-14 24 Count	milles	11960 113	thick book	Misciello MX

### MIARO RO STADISTID SOM

DEC 18 1822

## YYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within INSTRUCTIONS The bottom copy may be retained by the hospital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1222

11825

11000			R	eg. Dist	. No	11	
1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF D	ECEASE	0		
COUNTY Carroll	MARYLAND	STATE Maryland	COUNTY	Mo	ntgo	merv	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpora OR					
OR and give nearest town) TOWN Rural - Sykesville	(in this place) 1 mo. 29 days	TOWN	Spring .			155	6.00
HOSPITAL OR	IL MO E / Cayo	STREET		ve location)			
5 STREET ADDRESS Springfield Stat	e Hospital	ADDRESS 10000	Markham St	reet			1
3. NAME OF (First)	(Middla)	(Last)	4. DATE (Mo	nth)	(Day)	(Year	r)
(Type or Print) Anna	Elnore	WIBLITZHOUSER	OF DEATH	12	13	19	55
	AARRIED, 8. DATE OF	F BIRTH   9.	AGE last birthday	IF UNDER	1 YEAR	IF UNDER	
Remale White (Spacify)	Married 12/2	14/89	65 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Giva kind of work   10b	. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign		1 12		OF WHA	T
dona during most of working life, avan If ratirad) Housewife	OR INDUSTRY	Kansas			USA	TRY?	
13. FATHER'S NAME	STOTAL	14. MOTHER'S MAIDEN NA	AME				
Joseph Dalton		Nelli	e Dalton				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL SECURITY NO.	1 17. INFORMANT & AD					-
(Yas, no, or unk.) (If Yas, giva war or datas of service)	Mach	Record, Sp	ringfield	State	Hosp	ital	
yma_	18. MEDICAL CER		111611010	50000		VAL BETW	EEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH				ONS	ET AND DE	ATH
422. I MMEDIATE CAUSE (A) A	rteriosclerotic d	ardiovascular	disease	- 100	У	ears	
ANTECEDENT CALISEIS DUE TO							
CIVING PISE TO THE ABOVE CALLSE	eneralized arteri	oscierosis			У	ears	
STATING UNDERLYING CAUSE LAST.							
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (C)				1 2			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ronic brain dynd			ebrai	8 m	onths	
	NGS OF OPERATION		<del>44.14.14.11.</del>		20	. AUTOPS	Y?
0					YES		<u></u>
218. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING 2005 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Homa, farm, factory, 2 raet, offica bldg., etc.)	1c. WHERE DID INJURY OCCUR?	(City or town)	(Cour	ity)	(Stata)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21a. INJURY OCCURRED Whila Not whila at work at work	II. HOW DID INJURY OCCUR			11/1		
22. I hereby certify that I attended the		10 55 10 72/	72 to 5	<u> </u>	11	. 11	
							eased
alive on 12/12 , 1955 ,	and that death occurred at.	ADDR	uses and on the ESS (Street, city, tow	n, stete)		ATE SIG	GNED
Walther It. Jonne	nfeldt m.o.		lle, Maryl	and	317	12/13	155
23 BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	EREMATORY	LOCATION (City, tow	n, of county	17/	(S	tate)
Queial 12/15/55	Wellengto	21	erlins	kn	Va		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	TURE	35, FUNERAL DIRECTOR'S	GMATURE)		ADDRESS	18	0

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VS A15C 1-55 10M

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### CERTIFICATE OF DEATH

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Correction of the first that the state of th BUREAU V. S.

DEC 12 1822

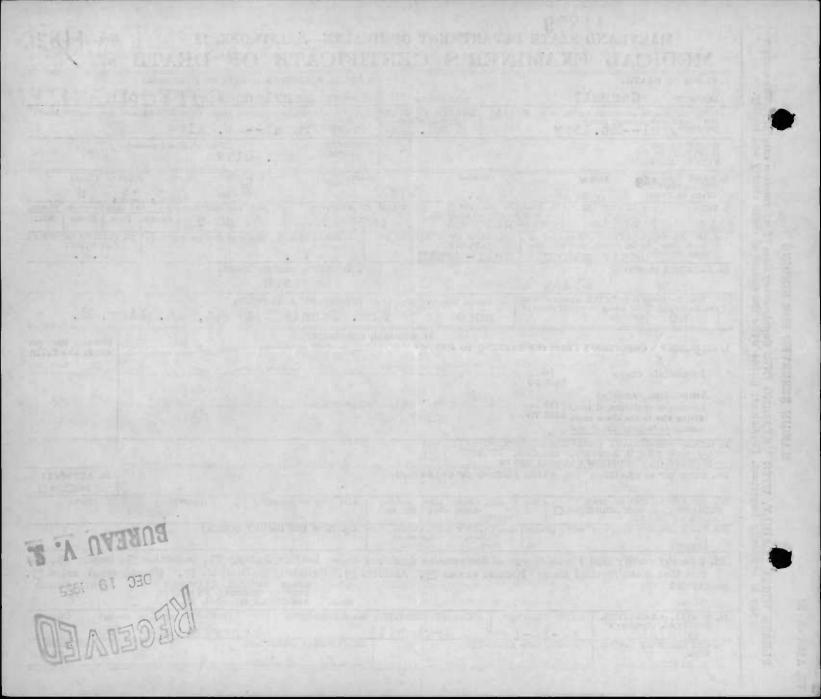
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Company Co Villand Comment

53	WRITE
10	D.
A15A	PLEASE
VS.	

11829		44000
		Reg. Hist. 826
MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No 8d JOD
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	STATE Marylandcounty Carrol	1
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY		give nearest town)
OR and give nearest town) TOWNTUTAL Mt. Airy (in this place) 8 mo.	Town ruralMt. Airy	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS Mt. Olive	/
3. NAME OF (First) (Middie) DECEASED: (Type or Print) BENJAMIN N. WIN	(Last) 4. DATE (Month) (Day)  ES DEATH DEC. 11	(Year) 19 5 5
5. SEX: 1.6. COLOR OR 1.7. SINGLE, MARRIED, 1.8. DAT	TE OF BIRTII:   9. AGE last birthday:   IF UNDER 1 Y	
. PACE. WIDOWED DIVORCED	1875 ? 80 2 <sub>yrs.</sub> Months Da	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retirediair maker   10b. KIND OF BUSINESS (INDUSTRY: Self-emply		CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Elias Wines	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of nO) service) 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS: Mrs. Fannie Tinsman, Mt. Air	y,Md.
I8. MEDIO	CAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
11201 Corono	-y - accusion.	staus.
Immediate cause (a)		******************************
Antecedent cause(s)	10-4-1-3	surval ma
Diseases or conditions, if any, (b) DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
0		Yes 🗆 No 🗔
21a EXTERNAL CAUSE WAS PRIMARY  Or CONTRIBUTING  OF OF Street, office bldg., et INJURY	с.,	(State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED OF   While at Not while   Not while at work □   at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descr	ibed above, held an Autopsy [], Inspection [4],	Inquiry , and
find that death resulted from: Natural causes 1, Acc	ident 🗌, Suicide 🗍, Homicide 🗍, Undeter	mined cause [].
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
James J. Kart	M. D. ASSISTANT MEDICAL EXAM.	12/11/55
	CRY OR GREMATORY   LOCATION (City, town, or con	
BURIAL 12-14-1955 Greenhi	1 Berryville,	Va.
REG Jos. 13.1955 Robert R. Hourth.	(1. P. 1. 1800/2 (1) 4.	eld Mid



MARYLAND STAYS DEPARTMENT OF WEALTMANE STATE OF STATES

### HTASE CERTIFICATE OF DEATH

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. 1 1828

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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 24

MEDICHE EMMINER S CEI		180/
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	STATE MO. COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town)  Y TOWN 54 (CIVIL Md. LENGTH OF STAY (In this place) 29 yrs	CITY (If outside corporate limits write RURAL and OR TOWN BOLL I MOVE	give nearest town)
HOSPITAL OR Springfield Hale Hosp.	STREET (If rural, give location) ADDRESS	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) DECEASED: 5.	(Last) 4. DATE (Month) (Day OF DEATH 2 0	
5. SEX:    6. COLOR OR RACE:    7. SINGLE. MARRIED, WIDOWED, DIYORCED, (Specify):   8. DAY	TE OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y Months Da	Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):  10b. KIND OF BUSINESS (INDUSTRY:	OR 11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME: William young moun	14. MOTHER'S MAIDEN NAME: Laura Russell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES I (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: HOJOI - at Records	
18. MEDI	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  Antecedent cause(s)	che I the hode, by hot water	ONSET AND DEATH
Diseases or conditions, if any, (b) DUE TO		•••••••••••••••••••••••••••••••••••••••
stating underlying cause last (c) liabetes		
TO THE DEATH BUT NOT RELATED TO THE SCHOOL OF THE DISEASE OR CONDITION CAUSING DEATH.	phrenic Reaction paramond	L
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	<i>ų</i> .	20. AUTOPSY? Yes ⋈ No □
21a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING OF Street, office bldg., et CAUSE OF DEATH.	a, Sykewille Carroll	marylan
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY OCCURRED While at work \	Burnoly hot water in fre	+
22. I hereby certify that I took charge of the remains descr		
find that death resulted from: Natural causes [], Acc	ident [], Suicide [], Homicide [], Undeter	
SIGNATURE A March	M. D. ASSISTANT MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify): 12-13-55	ERY OR CREMATORY LOCATION (City town, or co	unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. // /4 ** P. T.	24 FUNERAL DIRECTOR 1900 S. J.	ADDRESS

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDIA

DEC 13 1362

BUREAU V. S.

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	1	3	
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**MARYLAND** 

### 11832

### TATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

Reg.	Dist.	No.

1. PLACE OF DEAT COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY			
	roll	MARYLAND	Maryla			
OR give neares	corporate limits, write RUR	AL and LENGTH OF STAY (in this place)	OR CITY (If outside corpor		_	e nearest town)
	esville, Maryla	ind	TOWN Rall	timore Cit		3/01-14
HOSPITAL OR INSTITUTION O	R		STREET ADDRESS	(If rural, gi	ve location)	
5 STREET ADDRE	ss Springfiel	Ld State Hospital				- Indian
3. NAME OF	(First)	(Middle)	(Last)	4. DATE OF	(Month)	(Day) (Year)
(Type or Print)	Alois		Zephir	DEATH	12-	27- 1955
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birth		1 year  If under 24 hrs.
Male	White	WIDOWED, DIVORCED, (Specify) Single	3-26-1903	52	rs. Months.	Days Hours Min.
10a. USUAL OCCUF	ATION (Give kind of work	10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)		CITIZEN OF WHAT
done during most of	working life, even if retired)	INDUSTRY	Baltimo	ore. Maryla	nd	COUNTRY? U.S.A.
13. FATHER'S NAM	1E		14. MOTHER'S MAIDEN			
	Charles Zephir		Dora 2	Zang		
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
Yes, no, or unknown)	(If year, give war or dates	of	Hosp	ital recor	ds	
+						1
T DISEASES OF C	ONDITIONS DIRECTLY	18. MEDICAL CE	RTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
4.20		LEADING TO DEATH				ONOSI AND DEATE
Immedia		Coronary occ	lusion			1 hr.
Intinedia	ic campe					
Antecede	nt cause(s)					
Diseases or	conditions, if any, (h)	Myocarditis				***************************************
stating the	to the above cause underlying cause last	Frilener wi	th mental defic:	iency		
II. OTHER SIGNIE	TCANT CONDITIONS outing to the death but not	Ebilebs A.T.	on mental deric.	Lency		
	outing to the death hut not ase or condition causing dea					
19a. DATE OF OPE	ERATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUTOPSY?
U						Yes No
21. ACCIDENT SUICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
HOMICIDE TIME (Month)		INJURY OCCURRED	HOW DID INJURY OF	CCUR?		
OF	(==,, (==,=, (==, ,	While at Not While	1			
INJURY	m.	Work   At work		_		
22. I hereby cer	tify that I attended th	e deceased from 1-12-	19.42, to 12-	2.7 <del></del> , 19.55., t	hat I last s	aw the deceased
alive on12	-2 (, 1955, ar	that death occurred at.9.	ADDRESS	e causes and on	the date st	DATE SIGNED
SIGNATURE	My N. Mastin,	Mi a lia				
	IATION DATE	Spring lei	d State HospS	LOCATION City,	town or count	(State)
23. BURIAL CREM	cify) 12/31	155 (E A)	feel	DA	110	(Diate)
DATE REC'D BY	LOCAL   REGISTRARUS		24. FUNERAL DIRECT	OR	- /	ADDRESS
REG.	3 ////	16 - Vn. 19	17000114	FUNE	1171	Lomes.
1 -1 - 71	53 11/066	AK-1.4600	1			

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### OF DEATH CERTIFICATE

DATE OF BI

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MARYLAND

LENGTH OF STAY

(in this pleca)

(Middla

idow

KIND OF BUSINESS OR INDUSTRY

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIF

NIC

11830

OF DEA	Re	eg. Dist.	No.	5	•••••
. USUAL RESIDENC	E (HOME) OF D	ECEASED			
STATE Karyla	WC COUNTY	Carr	0//		
CITY (If outside corporat	e limits, write RURAL a	nd give neare	st town)		
TOWN Vest	rimster			27	
STREET ADDRESS	Green (If rural give	re location)	4.	1	
ist) /	4. DATE (Mor	oth)	(Day)	(Year)	
le	OF DEATH	ec s	30	19 J	5
RTH 9.	AGE last birthdey	IF UNDER 1		IF UNDER 2	
21 1859	98 yrs.	Months	Days	Hours	Min.
BIRTHPLACE (State or foreign	. /	12.	COUNT	OF WHA	'
14. MOTHER'S MAIDEN NA	ME //	1			
Lidia	17/60	494			
17. INFORMANT & AD	Zile, V	Vester	ivs:	for .	MI
TICATION	13110,0	,	INTER		
Hyo cardi	15		ONSE	T AND DE	ATH
ic Cardian	Locubri	Diea.	re	,	
***			20. YES	AUTOPSY	
WHERE DID INJURY OCCUR?	(City or town)	(Count		(Stata)	
HOW DID INJURY OCCUR?				141	
, 19 50 , 10 Dec	30 ,194	, that I	ast saw	the dec	eased
2 2 2 2	uses and on the	date stated	above	ATE SIG	NED
whiteod)	W.		1cc	30,1	955

3. NAME OF DECEASED (Type or Print) SINGLE, MARRIED COLOR OR WIDOWED, DIVORCED, (Spacify) ZMAI 10e, USUAL OCCUPATION (Giva kind of work done during most of working life, eyen if burial transit permit. retirad) House w) 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unk) (If Yas, give wer or dates of service) I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH O IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 21b. PLACE (Home, farm, fectory, OF INJURY street, offica bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) hereby certify that I attended the deceased from Jin 2 ....., and flat death occurred at.... SIGNATURE 45C 1-55 10M death BURIAL, CREMATION, REMOVAL (SPECTY) REC'D BY REGISTRAR

11833

C

ARR

ANCheo

and giva nearast town)

(If outside corporete limits, write RURAL

1. PLACE OF DEATH

HOSPITAL OR INSTITUTION OR

STREET ADDRESS 40

21e. INJURY OCCURRED

While et work

NAME OF CEMETERY OR-GREMATORY

21c.

21f.

LOCATION (City, town, or county)

(Stata)

Not while et work

FUNERAL DIRECTOR'S SIGNATURE

STATEOMORIAS-SVIASE OF THE INTEREST STATE ON LIVIAM CERTIFICATE OF DEATH Charle My con Soft the state ( with the state of the state of BUREAU V. S.

affectioning the city.

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